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## **View VR-State-Plan**

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### **State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

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#### **Footnotes**

[1]

Required annually except for agencies that are independent commissions do not provide this attachment.

[2]

Required only of agencies requesting, or previously granted, a Waiver of Statewideness.

[3]

The following attachments should be submitted whenever the information needs to be updated.

[4]

The following attachments require annual updating and must be submitted each year.

[5]

Required Annually for All Agencies on an Order of Selection

**Screen 2 of 17**

## **State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

### **Section 1: State Certifications**

1.1 The (enter the name of designated state agency or designated state unit below)...

Division of Disabilities and Rehabilitative Services (DDRS)

... is authorized to submit this State Plan under Title I of the Rehabilitation Act of 1973, as amended [1] and its supplement under Title VI, Part B, of the Rehabilitation Act [2].

1.2 As a condition for the receipt of federal funds under Title I, Part B, of the Rehabilitation Act for the provision of vocational rehabilitation services, the... (enter the name of the designated state agency below ) [3]

Division of Disabilities and Rehabilitative Services (DDRS)

... agrees to operate and administer the State Vocational Rehabilitation Services Program in accordance with the provisions of this State Plan [4], the Rehabilitation Act, and all applicable regulations [5], policies and procedures established by the secretary. Funds made available under Section 111 of the Rehabilitation Act are used solely for the provision of vocational rehabilitation services under Title I of the Rehabilitation Act and the administration of the State Plan for the vocational rehabilitation services program.

1.3 As a condition for the receipt of federal funds under Title VI, Part B, of the Rehabilitation Act for supported employment services, the designated state agency agrees to operate and administer the State Supported Employment Services Program in accordance with the provisions of the supplement to this State Plan [6], the Rehabilitation Act and all applicable regulations [7],

policies and procedures established by the secretary. Funds made available under Title VI, Part B, are used solely for the provision of supported employment services and the administration of the supplement to the Title I State Plan.

Yes

1.4 The designated state agency and/or the designated state unit has the authority under state law to perform the functions of the state regarding this State Plan and its supplement.

Yes

1.5 The state legally may carry out each provision of the State Plan and its supplement.

Yes

1.6 All provisions of the State Plan and its supplement are consistent with state law.

Yes

1.7 The (enter title of state officer below)

Yes

Director of DDRS

... has the authority under state law to receive, hold and disburse federal funds made available under this State Plan and its supplement.

1.8 The (enter title of state officer below)...

Yes

Director of DDRS

... has the authority to submit this State Plan for vocational rehabilitation services and the State Plan supplement for supported employment services.

1.9 The agency that submits this State Plan and its supplement has adopted or otherwise formally approved the plan and its supplement.

Yes

State Plan Certified By

As the authorized signatory identified above, I hereby certify that I will sign, date and retain in the files of the designated state agency/designated state unit Section 1 of the Preprint, and separate Certification of Lobbying forms (Form ED-80-0013; available at <http://www.ed.gov/fund/grant/apply/appforms/ed80-013.pdf>) for both the vocational rehabilitation and supported employment programs.

Signed?

Yes

Name of Signatory

Julia Holloway/Greg McAloon

Title of Signatory

Director DDRS; Director BRS

Date Signed (mm/dd/yyyy)

06/29/2010

Assurances Certified By

The designated state agency and/or the designated state unit provide the following assurance(s) in connection with the approval of the State Plan for FY 2011

No

Comments:

Signed?

Name of Signatory

Julia Holloway/Greg McAloon

Title of Signatory

Director DDRS; Director BRS

Date Signed (mm/dd/yyyy)

06/29/2010

\* The signatory of the assurance with the authority to execute and submit the State Plan will maintain a signed copy of the assurance(s) with the signed State Plan.

#### Section 1 Footnotes

[1] Public Law 93 112, as amended by Public Laws 93 516, 95 602, 98 221, 99 506, 100-630, 102-569, 103-073, and 105-220.

[2] Unless otherwise stated, "Rehabilitation Act" means the Rehabilitation Act of 1973, as amended.

[3] All references in this plan to "designated state agency" or to "the state agency" relate to the agency identified in this paragraph.

[4] No funds under Title I of the Rehabilitation Act may be awarded without an approved State Plan in accordance with Section 101(a) of the Rehabilitation Act and 34 CFR part 361.

[5] Applicable regulations include the Education Department General Administrative Regulations (EDGAR) in 34 CFR Parts 74, 76, 77, 79, 80, 81, 82, 85 and 86 and the State Vocational Rehabilitation Services Program regulations in 34 CFR Part 361.

[6] No funds under Title VI, Part B, of the Rehabilitation Act may be awarded without an approved supplement to the Title I State Plan in accordance with Section 625(a) of the Rehabilitation Act.

[7] Applicable regulations include the EDGAR citations in footnote 5, 34 CFR Part 361, and 34 CFR Part 363.

## Section 2: Public Comment on State Plan Policies and Procedures

### **2.1 Public participation requirements. (Section 101(a)(16)(A) of the Rehabilitation Act; 34 CFR 361.10(d), .20(a), (b), (d); and 363.11(g)(9))**

#### *(a) Conduct of public meetings.*

The designated state agency, prior to the adoption of any substantive policies or procedures governing the provision of vocational rehabilitation services under the State Plan and supported employment services under the supplement to the State Plan, including making any substantive amendments to the policies and procedures, conducts public meetings throughout the state to provide the public, including individuals with disabilities, an opportunity to comment on the policies or procedures.

#### *(b) Notice requirements.*

The designated state agency, prior to conducting the public meetings, provides appropriate and sufficient notice throughout the state of the meetings in accordance with state law governing public meetings or, in the absence of state law governing public meetings, procedures developed by the state agency in consultation with the State Rehabilitation Council, if the agency has a council.

*(c) Special consultation requirements.*

The state agency actively consults with the director of the Client Assistance Program, the State Rehabilitation Council, if the agency has a council and, as appropriate, Indian tribes, tribal organizations and native Hawaiian organizations on its policies and procedures governing the provision of vocational rehabilitation services under the State Plan and supported employment services under the supplement to the State Plan.

### **Section 3: Submission of the State Plan and its Supplement**

#### **3.1 Submission and revisions of the State Plan and its supplement. (Sections 101(a)(1), (23) and 625(a)(1) of the Rehabilitation Act; Section 501 of the Workforce Investment Act; 34 CFR 76.140; 361.10(e), (f), and (g); and 363.10)**

*(a) The state submits to the commissioner of the Rehabilitation Services Administration the State Plan and its supplement on the same date that the state submits either a State Plan under Section 112 of the Workforce Investment Act of 1998 or a state unified plan under Section 501 of that Rehabilitation Act.*

*(b) The state submits only those policies, procedures or descriptions required under this State Plan and its supplement that have not been previously submitted to and approved by the commissioner.*

*(c) The state submits to the commissioner, at such time and in such manner as the commissioner determines to be appropriate, reports containing annual updates of the information relating to the:*

- 1. comprehensive system of personnel development;*
- 2. assessments, estimates, goals and priorities, and reports of progress;*
- 3. innovation and expansion activities; and*
- 4. other updates of information required under Title I, Part B, or Title VI, Part B, of the Rehabilitation Act that are requested by the commissioner.*

*(d) The State Plan and its supplement are in effect subject to the submission of modifications the state determines to be necessary or the commissioner requires based on a change in state policy, a change in federal law, including regulations, an interpretation of the Rehabilitation Act by a federal court or the highest court of the state, or a finding by the commissioner of state noncompliance with the requirements of the Rehabilitation Act, 34 CFR 361 or 34 CFR 363.*

#### **3.2 Supported Employment State Plan supplement. (Sections 101(a)(22) and 625(a) of the Rehabilitation Act; 34 CFR 361.34 and 363.10)**

*(a) The state has an acceptable plan for carrying out Part B, of Title VI of the Rehabilitation Act that provides for the use of funds under that part to supplement funds made available under Part B, of Title I of the Rehabilitation Act for the cost of services leading to supported employment.*

*(b) The Supported Employment State Plan, including any needed annual revisions, is submitted as a supplement to the State Plan.*

### **Section 4: Administration of the State Plan**

#### **4.1 Designated state agency and designated state unit. (Section 101(a)(2) of the Rehabilitation Act; 34 CFR 361.13(a) and (b))**

*(a) Designated state agency.*

1. There is a state agency designated as the sole state agency to administer the State Plan or to supervise its administration in a political subdivision of the state by a sole local agency.
2. The designated state agency

The designated state agency is:

- A. a state agency that is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities; or
- B. **X** a state agency that is not primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities and includes a vocational rehabilitation unit as provided in paragraph (b) of this section.
3. In American Samoa, the designated state agency is the governor.

*(b) Designated state unit.*

1. If the designated state agency is not primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities, in accordance with subparagraph 4.1(a)(2)(B) of this section, the state agency includes a vocational rehabilitation bureau, division or unit that:
  - A. is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities and is responsible for the administration of the designated state agency's vocational rehabilitation program under the State Plan;
  - B. has a full-time director;
  - C. has a staff, at least 90 percent of whom are employed full-time on the rehabilitation work of the organizational unit; and
  - D. is located at an organizational level and has an organizational status within the designated state agency comparable to that of other major organizational units of the designated state agency.
2. The name of the designated state vocational rehabilitation unit is

Bureau of Rehabilitation Services (BRS)

**4.2 State independent commission or State Rehabilitation Council. (Sections 101(a)(21) and 105 of the Rehabilitation Act; 34 CFR 361.16 and .17)**

The State Plan must contain one of the following assurances.

*(a) The designated state agency is an independent state commission that:*

1. is responsible under state law for operating or overseeing the operation of the vocational rehabilitation program in the state and is primarily concerned with the vocational

rehabilitation or vocational and other rehabilitation of individuals with disabilities in accordance with subparagraph 4.1(a)(2)(A) of this section.

2. is consumer controlled by persons who:
  - A. are individuals with physical or mental impairments that substantially limit major life activities; and
  - B. represent individuals with a broad range of disabilities, unless the designated state unit under the direction of the commission is the state agency for individuals who are blind;
3. includes family members, advocates or other representatives of individuals with mental impairments; and
4. undertakes the functions set forth in Section 105(c)(4) of the Rehabilitation Act and 34 CFR 361.17(h)(4).

or

*(b) X The state has established a State Rehabilitation Council that meets the criteria set forth in Section 105 of the Rehabilitation Act, 34 CFR 361.17 and the designated state unit*

1. jointly with the State Rehabilitation Council develops, agrees to and reviews annually state goals and priorities and jointly submits to the commissioner annual reports of progress in accordance with the provisions of Section 101(a)(15) of the Rehabilitation Act, 34 CFR 361.29 and subsection 4.11 of this State Plan;
2. regularly consults with the State Rehabilitation Council regarding the development, implementation and revision of state policies and procedures of general applicability pertaining to the provision of vocational rehabilitation services;
3. includes in the State Plan and in any revision to the State Plan a summary of input provided by the State Rehabilitation Council, including recommendations from the annual report of the council described in Section 105(c)(5) of the Rehabilitation Act and 34 CFR 361.17(h)(5), the review and analysis of consumer satisfaction described in Section 105(c)(4) of the Rehabilitation Act and 34 CFR 361.17(h)(4), and other reports prepared by the council and the response of the designated state unit to the input and recommendations, including explanations for rejecting any input or recommendation; and
4. transmits to the council:
  - A. all plans, reports and other information required under 34 CFR 361 to be submitted to the commissioner;
  - B. all policies and information on all practices and procedures of general applicability provided to or used by rehabilitation personnel in carrying out this State Plan and its supplement; and



- C. copies of due process hearing decisions issued under 34 CFR 361.57, which are transmitted in such a manner as to ensure that the identity of the participants in the hearings is kept confidential.

*(c) If the designated state unit has a State Rehabilitation Council, Attachment 4.2(c) provides a summary of the input provided by the council consistent with the provisions identified in subparagraph (b)(3) of this section; the response of the designated state unit to the input and recommendations; and, explanations for the rejection of any input or any recommendation.*

#### **4.3 Consultations regarding the administration of the State Plan. (Section 101(a)(16)(B) of the Rehabilitation Act; 34 CFR 361.21)**

The designated state agency takes into account, in connection with matters of general policy arising in the administration of the plan and its supplement, the views of:

*(a) individuals and groups of individuals who are recipients of vocational rehabilitation services or, as appropriate, the individuals' representatives;*

*(b) personnel working in programs that provide vocational rehabilitation services to individuals with disabilities;*

*(c) providers of vocational rehabilitation services to individuals with disabilities;*

*(d) the director of the Client Assistance Program; and*

*(e) the State Rehabilitation Council, if the state has a council.*

#### **4.4 Nonfederal share. (Sections 7(14) and 101(a)(3) of the Rehabilitation Act; 34 CFR 80.24 and 361.60)**

The nonfederal share of the cost of carrying out this State Plan is 21.3 percent and is provided through the financial participation by the state or, if the state elects, by the state and local agencies.

#### **4.5 Local administration. (Sections 7(24) and 101(a)(2)(A) of the Rehabilitation Act; 34 CFR 361.5(b)(47) and .15)**

The State Plan provides for the administration of the plan by a local agency. No  
If "Yes", the designated state agency:

*(a) ensures that each local agency is under the supervision of the designated state unit with the sole local agency, as that term is defined in Section 7(24) of the Rehabilitation Act and 34 CFR 361.5(b)(47), responsible for the administration of the vocational rehabilitation program within the political subdivision that it serves; and*

*(b) develops methods that each local agency will use to administer the vocational rehabilitation program in accordance with the State Plan.*

**4.6 Shared funding and administration of joint programs. (Section 101(a)(2)(A)(ii) of the Rehabilitation Act; 34 CFR 361.27)**

The State Plan provides for the state agency to share funding and administrative responsibility with another state agency or local public agency to carry out a joint program to provide services to individuals with disabilities. No

If "Yes", the designated state agency submits to the commissioner for approval a plan that describes its shared funding and administrative arrangement. The plan must include:

- (a) a description of the nature and scope of the joint program;*
- (b) the services to be provided under the joint program;*
- (c) the respective roles of each participating agency in the administration and provision of services; and*
- (d) the share of the costs to be assumed by each agency.*

**4.7 Statewide and waivers of statewide. (Section 101(a)(4) of the Rehabilitation Act; 34 CFR 361.25, .26, and .60(b)(3)(i) and (ii))**

**X** This agency is not requesting a waiver of statewide.

*(a) Services provided under the State Plan are available in all political subdivisions of the state.*

*(b) The state unit may provide services in one or more political subdivisions of the state that increase services or expand the scope of services that are available statewide under this State Plan if the:*

1. nonfederal share of the cost of these services is met from funds provided by a local public agency, including funds contributed to a local public agency by a private agency, organization or individual;
2. services are likely to promote the vocational rehabilitation of substantially larger numbers of individuals with disabilities or of individuals with disabilities with particular types of impairments; and
3. state, for purposes other than the establishment of a community rehabilitation program or the construction of a particular facility for community rehabilitation program purposes, requests in Attachment 4.7(b)(3) a waiver of the statewide requirement in accordance with the following requirements:
  - A. identification of the types of services to be provided;
  - B. written assurance from the local public agency that it will make available to the state unit the nonfederal share of funds;
  - C. written assurance that state unit approval will be obtained for each proposed service before it is put into effect; and

- D. written assurance that all other State Plan requirements, including a state's order of selection, will apply to all services approved under the waiver.

*(c) Contributions, consistent with the requirements of 34 CFR 361.60(b)(3)(ii), by private entities of earmarked funds for particular geographic areas within the state may be used as part of the nonfederal share without the state requesting a waiver of the statewideness requirement provided that the state notifies the commissioner that it cannot provide the full nonfederal share without using the earmarked funds.*

**4.8 Cooperation, collaboration and coordination. (Sections 101(a)(11), (24)(B), and 625(b)(4) and (5) of the Rehabilitation Act; 34 CFR 361.22, .23, .24, and .31, and 363.11(e))**

*(a) Cooperative agreements with other components of statewide work force investment system.*

The designated state agency or the designated state unit has cooperative agreements with other entities that are components of the statewide work force investment system and replicates those agreements at the local level between individual offices of the designated state unit and local entities carrying out the One-Stop service delivery system or other activities through the statewide work force investment system.

*(b) Cooperation and coordination with other agencies and entities.*

Attachment 4.8(b) (1)-(4) describes the designated state agency's:

1. cooperation with and use of the services and facilities of the federal, state, and local agencies and programs, including programs carried out by the undersecretary for Rural Development of the United States Department of Agriculture and state use contracting programs, to the extent that those agencies and programs are not carrying out activities through the statewide work force investment system;
2. coordination, in accordance with the requirements of paragraph 4.8(c) of this section, with education officials to facilitate the transition of students with disabilities from school to the receipt of vocational rehabilitation services;
3. establishment of cooperative agreements with private nonprofit vocational rehabilitation service providers, in accordance with the requirements of paragraph 5.10(b) of the State Plan; and,
4. efforts to identify and make arrangements, including entering into cooperative agreements, with other state agencies and entities with respect to the provision of supported employment and extended services for individuals with the most significant disabilities, in accordance with the requirements of subsection 6.5 of the supplement to this State Plan.

*(c) Coordination with education officials.*

1. Attachment 4.8(b)(2) describes the plans, policies and procedures for coordination between the designated state agency and education officials responsible for the public education of students with disabilities that are designed to facilitate the transition of the students who are individuals with disabilities from the receipt of educational services in school to the receipt of vocational rehabilitation services under the responsibility of the designated state agency.
2. The State Plan description must:
  - A. provide for the development and approval of an individualized plan for employment in accordance with 34 CFR 361.45 as early as possible during the transition planning process but, at the latest, before each student determined to be eligible for vocational rehabilitation services leaves the school setting or if the designated state unit is operating on an order of selection before each eligible student able to be served under the order leaves the school setting; and
  - B. include information on a formal interagency agreement with the state educational agency that, at a minimum, provides for:
    - i. consultation and technical assistance to assist educational agencies in planning for the transition of students with disabilities from school to postschool activities, including vocational rehabilitation services;
    - ii. transition planning by personnel of the designated state agency and the educational agency for students with disabilities that facilitates the development and completion of their individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act;
    - iii. roles and responsibilities, including financial responsibilities, of each agency, including provisions for determining state lead agencies and qualified personnel responsible for transition services; and
    - iv. procedures for outreach to students with disabilities as early as possible during the transition planning process and identification of students with disabilities who need transition services.

*(d) Coordination with statewide independent living council and independent living centers.*

The designated state unit, the Statewide Independent Living Council established under Section 705 of the Rehabilitation Act and 34 CFR 364, and the independent living centers described in Part C of Title VII of the Rehabilitation Act and 34 CFR 366 have developed working relationships and coordinate their activities.

*(e) Cooperative agreement with recipients of grants for services to American Indians.*

1. There is in the state a recipient(s) of a grant under Part C of Title I of the Rehabilitation Act for the provision of vocational rehabilitation services for American Indians who are individuals with disabilities residing on or near federal and state reservations.
2. If "Yes", the designated state agency has entered into a formal cooperative agreement that meets the following requirements with each grant recipient in the state that receives funds under Part C of Title I of the Rehabilitation Act:
  - A. strategies for interagency referral and information sharing that will assist in eligibility determinations and the development of individualized plans for employment;
  - B. procedures for ensuring that American Indians who are individuals with disabilities and are living near a reservation or tribal service area are provided vocational rehabilitation services; and
  - C. provisions for sharing resources in cooperative studies and assessments, joint training activities, and other collaborative activities designed to improve the provision of services to American Indians who are individuals with disabilities.

**4.9 Methods of administration. (Section 101(a)(6) of the Rehabilitation Act; 34 CFR 361.12, .19 and .51(a) and (b))**

*(a) In general.*

The state agency employs methods of administration, including procedures to ensure accurate data collection and financial accountability, found by the commissioner to be necessary for the proper and efficient administration of the plan and for carrying out all the functions for which the state is responsible under the plan and 34 CFR 361.

*(b) Employment of individuals with disabilities.*

The designated state agency and entities carrying out community rehabilitation programs in the state, who are in receipt of assistance under Part B, of Title I of the Rehabilitation Act and this State Plan, take affirmative action to employ and advance in employment qualified individuals with disabilities covered under and on the same terms and conditions as set forth in Section 503 of the Rehabilitation Act.

*(c) Facilities.*

Any facility used in connection with the delivery of services assisted under this State Plan meets program accessibility requirements consistent with the provisions, as applicable, of the Architectural Barriers Rehabilitation Act of 1968, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act of 1990 and the regulations implementing these laws.

**4.10 Comprehensive system of personnel development. (Section 101(a)(7) of the Rehabilitation Act; 34 CFR 361.18)**

Attachment 4.10 describes the designated state agency's procedures and activities to establish and maintain a comprehensive system of personnel development designed to ensure an adequate supply of qualified state rehabilitation professional and paraprofessional personnel for the designated state unit. The description includes the following:

*(a) Data system on personnel and personnel development.*

Development and maintenance of a system for collecting and analyzing on an annual basis data on qualified personnel needs and personnel development with respect to:

1. Qualified personnel needs.
  - A. The number of personnel who are employed by the state agency in the provision of vocational rehabilitation services in relation to the number of individuals served, broken down by personnel category;
  - B. The number of personnel currently needed by the state agency to provide vocational rehabilitation services, broken down by personnel category; and
  - C. Projections of the number of personnel, broken down by personnel category, who will be needed by the state agency to provide vocational rehabilitation services in the state in five years based on projections of the number of individuals to be served, including individuals with significant disabilities, the number of personnel expected to retire or leave the field, and other relevant factors.
2. Personnel development.
  - A. A list of the institutions of higher education in the state that are preparing vocational rehabilitation professionals, by type of program;
  - B. The number of students enrolled at each of those institutions, broken down by type of program; and
  - C. The number of students who graduated during the prior year from each of those institutions with certification or licensure, or with the credentials for certification or licensure, broken down by the personnel category for which they have received, or have the credentials to receive, certification or licensure.

*(b) Plan for recruitment, preparation and retention of qualified personnel.*

Development, updating on an annual basis, and implementation of a plan to address the current and projected needs for qualified personnel based on the data collection and analysis system described in paragraph (a) of this subsection and that provides for the coordination and facilitation of efforts between the designated state unit and institutions of higher education and professional associations to recruit, prepare and retain personnel who are qualified in accordance

with paragraph (c) of this subsection, including personnel from minority backgrounds and personnel who are individuals with disabilities.

*(c) Personnel standards.*

Policies and procedures for the establishment and maintenance of personnel standards to ensure that designated state unit professional and paraprofessional personnel are appropriately and adequately prepared and trained, including:

1. standards that are consistent with any national- or state-approved or recognized certification, licensing, registration, or, in the absence of these requirements, other comparable requirements (including state personnel requirements) that apply to the profession or discipline in which such personnel are providing vocational rehabilitation services.
2. To the extent that existing standards are not based on the highest requirements in the state applicable to a particular profession or discipline, the steps the state is currently taking and the steps the state plans to take in accordance with the written plan to retrain or hire personnel within the designated state unit to meet standards that are based on the highest requirements in the state, including measures to notify designated state unit personnel, the institutions of higher education identified in subparagraph (a)(2), and other public agencies of these steps and the time lines for taking each step.
3. The written plan required by subparagraph (c)(2) describes the following:
  - A. specific strategies for retraining, recruiting and hiring personnel;
  - B. the specific time period by which all state unit personnel will meet the standards required by subparagraph (c)(1);
  - C. procedures for evaluating the designated state unit's progress in hiring or retraining personnel to meet applicable personnel standards within the established time period; and
  - D. the identification of initial minimum qualifications that the designated state unit will require of newly hired personnel when the state unit is unable to hire new personnel who meet the established personnel standards and the identification of a plan for training such individuals to meet the applicable standards within the time period established for all state unit personnel to meet the established personnel standards.

*(d) Staff development.*

Policies, procedures and activities to ensure that all personnel employed by the designated state unit receive appropriate and adequate training. The narrative describes the following:

1. A system of staff development for professionals and paraprofessionals within the designated state unit, particularly with respect to assessment, vocational counseling, job placement and rehabilitation technology.
2. Procedures for the acquisition and dissemination to designated state unit professionals and paraprofessionals significant knowledge from research and other sources.

*(e) Personnel to address individual communication needs.*

Availability of personnel within the designated state unit or obtaining the services of other individuals who are able to communicate in the native language of applicants or eligible individuals who have limited English speaking ability or in appropriate modes of communication with applicants or eligible individuals.

*(f) Coordination of personnel development under the Individuals with Disabilities Education Act.*

Procedures and activities to coordinate the designated state unit's comprehensive system of personnel development with personnel development under the Individuals with Disabilities Education Act.

#### **4.11. Statewide assessment; annual estimates; annual state goals and priorities; strategies; and progress reports.**

(Sections 101(a)(15), 105(c)(2) and 625(b)(2) of the Rehabilitation Act; 34 CFR 361.17(h)(2), .29, and 363.11(b))

*(a) Comprehensive statewide assessment.*

1. Attachment 4.11(a) documents the results of a comprehensive, statewide assessment, jointly conducted every three years by the designated state unit and the State Rehabilitation Council (if the state has such a council). The assessment describes:
  - A. the rehabilitation needs of individuals with disabilities residing within the state, particularly the vocational rehabilitation services needs of:
    - i. individuals with the most significant disabilities, including their need for supported employment services;
    - ii. individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this State Plan; and
    - iii. individuals with disabilities served through other components of the statewide work force investment system.
  - B. The need to establish, develop or improve community rehabilitation programs within the state.



2. For any year in which the state updates the assessments, the designated state unit submits to the commissioner a report containing information regarding updates to the assessments.

*(b) Annual estimates.*

Attachment 4.11(b) identifies on an annual basis state estimates of the:

1. number of individuals in the state who are eligible for services under the plan;
2. number of eligible individuals who will receive services provided with funds provided under Part B of Title I of the Rehabilitation Act and under Part B of Title VI of the Rehabilitation Act, including, if the designated state agency uses an order of selection in accordance with subparagraph 5.3(b)(2) of this State Plan, estimates of the number of individuals to be served under each priority category within the order; and
3. costs of the services described in subparagraph (b)(1), including, if the designated state agency uses an order of selection, the service costs for each priority category within the order.

*(c) Goals and priorities.*

1. Attachment 4.11(c)(1) identifies the goals and priorities of the state that are jointly developed or revised, as applicable, with and agreed to by the State Rehabilitation Council, if the agency has a council, in carrying out the vocational rehabilitation and supported employment programs.
2. The designated state agency submits to the commissioner a report containing information regarding any revisions in the goals and priorities for any year the state revises the goals and priorities.
3. Order of selection.  
If the state agency implements an order of selection, consistent with subparagraph 5.3(b)(2) of the State Plan, Attachment 4.11(c)(3):
  - A. shows the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services;
  - B. provides a justification for the order; and
  - C. identifies the service and outcome goals, and the time within which these goals may be achieved for individuals in each priority category within the order.
4. Goals and plans for distribution of Title VI, Part B, funds.  
Attachment 4.11(c)(4) specifies, consistent with subsection 6.4 of the State Plan supplement, the state's goals and priorities with respect to the distribution of funds

received under Section 622 of the Rehabilitation Act for the provision of supported employment services.

*(d) Strategies.*

1. Attachment 4.11(d) describes the strategies, including:
  - A. the methods to be used to expand and improve services to individuals with disabilities, including how a broad range of assistive technology services and assistive technology devices will be provided to those individuals at each stage of the rehabilitation process and how those services and devices will be provided to individuals with disabilities on a statewide basis;
  - B. outreach procedures to identify and serve individuals with disabilities who are minorities, including those with the most significant disabilities in accordance with subsection 6.6 of the State Plan supplement, and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program;
  - C. as applicable, the plan of the state for establishing, developing or improving community rehabilitation programs;
  - D. strategies to improve the performance of the state with respect to the evaluation standards and performance indicators established pursuant to Section 106 of the Rehabilitation Act; and
  - E. strategies for assisting other components of the statewide work force investment system in assisting individuals with disabilities.
2. Attachment 4.11 (d) describes how the designated state agency uses these strategies to:
  - A. address the needs identified in the assessment conducted under paragraph 4.11(a) and achieve the goals and priorities identified in the State Plan attachments under paragraph 4.11(c);
  - B. support the innovation and expansion activities identified in subparagraph 4.12(a)(1) and (2) of the plan; and
  - C. overcome identified barriers relating to equitable access to and participation of individuals with disabilities in the State Vocational Rehabilitation Services Program and State Supported Employment Services Program.

*(e) Evaluation and reports of progress.*

1. The designated state unit and the State Rehabilitation Council, if the state unit has a council, jointly submits to the commissioner an annual report on the results of an

evaluation of the effectiveness of the vocational rehabilitation program and the progress made in improving the effectiveness of the program from the previous year.

2. Attachment 4.11(e)(2):

- A. provides an evaluation of the extent to which the goals identified in Attachment 4.11(c)(1) and, if applicable, Attachment 4.11(c)(3) were achieved;
- B. identifies the strategies that contributed to the achievement of the goals and priorities;
- C. describes the factors that impeded their achievement, to the extent they were not achieved;
- D. assesses the performance of the state on the standards and indicators established pursuant to Section 106 of the Rehabilitation Act; and
- E. provides a report consistent with paragraph 4.12(c) of the plan on how the funds reserved for innovation and expansion activities were utilized in the preceding year.

**4.12 Innovation and expansion. (Section 101(a)(18) of the Rehabilitation Act; 34 CFR 361.35)**

*(a) The designated state agency reserves and uses a portion of the funds allotted to the state under Section 110 of the Rehabilitation Act for the:*

- 1. development and implementation of innovative approaches to expand and improve the provision of vocational rehabilitation services to individuals with disabilities under this State Plan, particularly individuals with the most significant disabilities, consistent with the findings of the statewide assessment identified in Attachment 4.11(a) and goals and priorities of the state identified in Attachments 4.11(c)(1) and, if applicable, Attachment 4.11(c)(3); and
- 2. support of the funding for the State Rehabilitation Council, if the state has such a council, consistent with the resource plan prepared under Section 105(d)(1) of the Rehabilitation Act and 34 CFR 361.17(i), and the funding of the Statewide Independent Living Council, consistent with the resource plan prepared under Section 705(e)(1) of the Rehabilitation Act and 34 CFR 364.21(i).

*(b) Attachment 4.11 (d) describes how the reserved funds identified in subparagraph 4.12(a)(1) and (2) will be utilized.*

*(c) Attachment 4.11(e)(2) describes how the reserved funds were utilized in the preceding year.*

**4.13 Reports. (Section 101(a)(10) of the Rehabilitation Act; 34 CFR 361.40)**

*(a) The designated state unit submits reports in the form and level of detail and at the time required by the commissioner regarding applicants for and eligible individuals receiving services under the State Plan.*

*(b) Information submitted in the reports provides a complete count, unless sampling techniques are used, of the applicants and eligible individuals in a manner that permits the greatest possible cross-classification of data and protects the confidentiality of the identity of each individual.*

## **Section 5: Administration of the Provision of Vocational Rehabilitation Services**

### **5.1 Information and referral services. (Sections 101(a)(5)(D) and (20) of the Rehabilitation Act; 34 CFR 361.37)**

The designated state agency has implemented an information and referral system that is adequate to ensure that individuals with disabilities, including individuals who do not meet the agency's order of selection criteria for receiving vocational rehabilitation services if the agency is operating on an order of selection, are provided accurate vocational rehabilitation information and guidance, including counseling and referral for job placement, using appropriate modes of communication, to assist such individuals in preparing for, securing, retaining or regaining employment, and are referred to other appropriate federal and state programs, including other components of the statewide work force investment system in the state.

### **5.2 Residency. (Section 101(a)(12) of the Rehabilitation Act; 34 CFR 361.42(c)(1))**

The designated state unit imposes no duration of residence requirement as part of determining an individual's eligibility for vocational rehabilitation services or that excludes from services under the plan any individual who is present in the state.

### **5.3 Ability to serve all eligible individuals; order of selection for services. (Sections 12(d) and 101(a)(5) of the Rehabilitation Act; 34 CFR 361.36)**

*(a) The designated state unit is able to provide the full range of services listed in Section 103(a) of the Rehabilitation Act and 34 CFR 361.48, as appropriate, to all eligible individuals with disabilities in the state who apply for services. No*

*(b) If No:*

1. Individuals with the most significant disabilities, in accordance with criteria established by the state, are selected first for vocational rehabilitation services before other individuals with disabilities.
2. Attachment 4.11(c)(3):
  - A. shows the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services;
  - B. provides a justification for the order of selection; and
  - C. identifies the state's service and outcome goals and the time within which these goals may be achieved for individuals in each priority category within the order.

3. Eligible individuals who do not meet the order of selection criteria have access to the services provided through the designated state unit's information and referral system established under Section 101(a)(20) of the Rehabilitation Act, 34 CFR 361.37, and subsection 5.1 of this State Plan.

**5.4 Availability of comparable services and benefits. (Sections 101(a)(8) and 103(a) of the Rehabilitation Act; 34 CFR 361.53)**

*(a) Prior to providing any vocational rehabilitation services, except those services identified in paragraph (b), to an eligible individual or to members of the individual's family, the state unit determines whether comparable services and benefits exist under any other program and whether those services and benefits are available to the individual.*

*(b) The following services are exempt from a determination of the availability of comparable services and benefits:*

1. assessment for determining eligibility and vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology;
2. counseling and guidance, including information and support services to assist an individual in exercising informed choice consistent with the provisions of Section 102(d) of the Rehabilitation Act;
3. referral and other services to secure needed services from other agencies, including other components of the statewide work force investment system, through agreements developed under Section 101(a)(11) of the Rehabilitation Act, if such services are not available under this State Plan;
4. job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services;
5. rehabilitation technology, including telecommunications, sensory and other technological aids and devices; and
6. post-employment services consisting of the services listed under subparagraphs (1) through (5) of this paragraph.

*(c) The requirements of paragraph (a) of this section do not apply if the determination of the availability of comparable services and benefits under any other program would interrupt or delay:*

1. progress of the individual toward achieving the employment outcome identified in the individualized plan for employment;
2. an immediate job placement; or

3. provision of vocational rehabilitation services to any individual who is determined to be at extreme medical risk, based on medical evidence provided by an appropriate qualified medical professional.

*(d) The governor in consultation with the designated state vocational rehabilitation agency and other appropriate agencies ensures that an interagency agreement or other mechanism for interagency coordination that meets the requirements of Section 101(a)(8)(B)(i)-(iv) of the Rehabilitation Act takes effect between the designated state unit and any appropriate public entity, including the state Medicaid program, a public institution of higher education, and a component of the statewide work force investment system to ensure the provision of the vocational rehabilitation services identified in Section 103(a) of the Rehabilitation Act and 34 CFR 361.48, other than the services identified in paragraph (b) of this section, that are included in the individualized plan for employment of an eligible individual, including the provision of those vocational rehabilitation services during the pendency of any dispute that may arise in the implementation of the interagency agreement or other mechanism for interagency coordination.*

**5.5 Individualized plan for employment. (Section 101(a)(9) of the Rehabilitation Act; 34 CFR 361.45 and .46)**

*(a) An individualized plan for employment meeting the requirements of Section 102(b) of the Rehabilitation Act and 34 CFR 361.45 and .46 is developed and implemented in a timely manner for each individual determined to be eligible for vocational rehabilitation services, except if the state has implemented an order of selection, and is developed and implemented for each individual to whom the designated state unit is able to provide vocational rehabilitation services.*

*(b) Services to an eligible individual are provided in accordance with the provisions of the individualized plan for employment.*

**5.6 Opportunity to make informed choices regarding the selection of services and providers. (Sections 101(a)(19) and 102(d) of the Rehabilitation Act; 34 CFR 361.52)**

Applicants and eligible individuals or, as appropriate, their representatives are provided information and support services to assist in exercising informed choice throughout the rehabilitation process, consistent with the provisions of Section 102(d) of the Rehabilitation Act and 34 CFR 361.52.

**5.7 Services to American Indians. (Section 101(a)(13) of the Rehabilitation Act; 34 CFR 361.30)**

The designated state unit provides vocational rehabilitation services to American Indians who are individuals with disabilities residing in the state to the same extent as the designated state agency provides such services to other significant populations of individuals with disabilities residing in the state.

**5.8 Annual review of individuals in extended employment or other employment under special certificate provisions of the fair labor standards act of 1938. (Section 101(a)(14) of the Rehabilitation Act; 34 CFR 361.55)**

*(a) The designated state unit conducts an annual review and reevaluation of the status of each individual with a disability served under this State Plan:*

1. who has achieved an employment outcome in which the individual is compensated in accordance with Section 14(c) of the Fair Labor Standards Act (29 U.S.C. 214(c)); or
2. whose record of services is closed while the individual is in extended employment on the basis that the individual is unable to achieve an employment outcome in an integrated setting or that the individual made an informed choice to remain in extended employment.

*(b) The designated state unit carries out the annual review and reevaluation for two years after the individual's record of services is closed (and thereafter if requested by the individual or, if appropriate, the individual's representative) to determine the interests, priorities and needs of the individual with respect to competitive employment or training for competitive employment.*

*(c) The designated state unit makes maximum efforts, including the identification and provision of vocational rehabilitation services, reasonable accommodations and other necessary support services, to assist the individuals described in paragraph (a) in engaging in competitive employment.*

*(d) The individual with a disability or, if appropriate, the individual's representative has input into the review and reevaluation and, through signed acknowledgement, attests that the review and reevaluation have been conducted.*

**5.9 Use of Title I funds for construction of facilities. (Sections 101(a)(17) and 103(b)(2)(A) of the Rehabilitation Act; 34 CFR 361.49(a)(1), .61 and .62(b))**

If the state elects to construct, under special circumstances, facilities for community rehabilitation programs, the following requirements are met:

*(a) The federal share of the cost of construction for facilities for a fiscal year does not exceed an amount equal to 10 percent of the state's allotment under Section 110 of the Rehabilitation Act for that fiscal year.*

*(b) The provisions of Section 306 of the Rehabilitation Act that were in effect prior to the enactment of the Rehabilitation Act Amendments of 1998 apply to such construction.*

*(c) There is compliance with the requirements in 34 CFR 361.62(b) that ensure the use of the construction authority will not reduce the efforts of the designated state agency in providing other vocational rehabilitation services other than the establishment of facilities for community rehabilitation programs.*

**5.10 Contracts and cooperative agreements. (Section 101(a)(24) of the Rehabilitation Act; 34 CFR 361.31 and .32)**

*(a) Contracts with for-profit organizations.*

The designated state agency has the authority to enter into contracts with for-profit organizations for the purpose of providing, as vocational rehabilitation services, on-the-job training and related programs for individuals with disabilities under Part A of Title VI of the Rehabilitation Act,

upon the determination by the designated state agency that for-profit organizations are better qualified to provide vocational rehabilitation services than nonprofit agencies and organizations.

*(b) Cooperative agreements with private nonprofit organizations.*

Attachment 4.8(b)(3) describes the manner in which the designated state agency establishes cooperative agreements with private nonprofit vocational rehabilitation service providers.

## **Section 6: Program Administration**

### **6.1 Designated state agency. (Section 625(b)(1) of the Rehabilitation Act; 34 CFR 363.11(a))**

The designated state agency for vocational rehabilitation services identified in paragraph 1.2 of the Title I State Plan is the state agency designated to administer the State Supported Employment Services Program authorized under Title VI, Part B, of the Rehabilitation Act.

### **6.2 Statewide assessment of supported employment services needs. (Section 625(b)(2) of the Rehabilitation Act; 34 CFR 363.11(b))**

Attachment 4.11(a) describes the results of the comprehensive, statewide needs assessment conducted under Section 101(a)(15)(a)(1) of the Rehabilitation Act and subparagraph 4.11(a)(1) of the Title I State Plan with respect to the rehabilitation needs of individuals with most significant disabilities and their need for supported employment services, including needs related to coordination.

### **6.3 Quality, scope and extent of supported employment services. (Section 625(b)(3) of the Rehabilitation Act; 34 CFR 363.11(c) and .50(b)(2))**

Attachment 6.3 describes the quality, scope and extent of supported employment services to be provided to individuals with the most significant disabilities who are eligible to receive supported employment services. The description also addresses the timing of the transition to extended services to be provided by relevant state agencies, private nonprofit organizations or other sources following the cessation of supported employment service provided by the designated state agency.

### **6.4 Goals and plans for distribution of Title VI, Part B, funds. (Section 625(b)(3) of the Rehabilitation Act; 34 CFR 363.11(d) and .20)**

Attachment 4.11(c)(4) identifies the state's goals and plans with respect to the distribution of funds received under Section 622 of the Rehabilitation Act.

### **6.5 Evidence of collaboration with respect to supported employment services and extended services. (Sections 625(b)(4) and (5) of the Rehabilitation Act; 34 CFR 363.11(e))**

Attachment 4.8(b)(4) describes the efforts of the designated state agency to identify and make arrangements, including entering into cooperative agreements, with other state agencies and other appropriate entities to assist in the provision of supported employment services and other



public or nonprofit agencies or organizations within the state, employers, natural supports, and other entities with respect to the provision of extended services.

#### **6.6 Minority outreach. (34 CFR 363.11(f))**

Attachment 4.11(d) includes a description of the designated state agency's outreach procedures for identifying and serving individuals with the most significant disabilities who are minorities.

#### **6.7 Reports. (Sections 625(b)(8) and 626 of the Rehabilitation Act; 34 CFR 363.11(h) and .52)**

The designated state agency submits reports in such form and in accordance with such procedures as the commissioner may require and collects the information required by Section 101(a)(10) of the Rehabilitation Act separately for individuals receiving supported employment services under Part B, of Title VI and individuals receiving supported employment services under Title I of the Rehabilitation Act.

### **Section 7: Financial Administration**

#### **7.1 Five percent limitation on administrative costs. (Section 625(b)(7) of the Rehabilitation Act; 34 CFR 363.11(g)(8))**

The designated state agency expends no more than five percent of the state's allotment under Section 622 of the Rehabilitation Act for administrative costs in carrying out the State Supported Employment Services Program.

#### **7.2 Use of funds in providing services. (Sections 623 and 625(b)(6)(A) and (D) of the Rehabilitation Act; 34 CFR 363.6(c)(2)(iv), .11(g)(1) and (4))**

*(a) Funds made available under Title VI, Part B, of the Rehabilitation Act are used by the designated state agency only to provide supported employment services to individuals with the most significant disabilities who are eligible to receive such services.*

*(b) Funds provided under Title VI, Part B, are used only to supplement and not supplant the funds provided under Title I, Part B, of the Rehabilitation Act, in providing supported employment services specified in the individualized plan for employment.*

*(c) Funds provided under Part B of Title VI or Title I of the Rehabilitation Act are not used to provide extended services to individuals who are eligible under Part B of Title VI or Title I of the Rehabilitation Act.*

### **Section 8: Provision of Supported Employment Services**

#### **8.1 Scope of supported employment services. (Sections 7(36) and 625(b)(6)(F) and (G) of the Rehabilitation Act; 34 CFR 361.5(b)(54), 363.11(g)(6) and (7))**

*(a) Supported employment services are those services as defined in Section 7(36) of the Rehabilitation Act and 34 CFR 361.5(b)(54).*

*(b) To the extent job skills training is provided, the training is provided on-site.*

*(c) Supported employment services include placement in an integrated setting for the maximum number of hours possible based on the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of individuals with the most significant disabilities.*

**8.2 Comprehensive assessments of individuals with significant disabilities. (Sections 7(2)(B) and 625(b)(6)(B); 34 CFR 361.5(b)(6)(ii) and 363.11(g)(2))**

The comprehensive assessment of individuals with significant disabilities conducted under Section 102(b)(1) of the Rehabilitation Act and funded under Title I of the Rehabilitation Act includes consideration of supported employment as an appropriate employment outcome.

**8.3 Individualized plan for employment. (Sections 102(b)(3)(F) and 625(b)(6)(C) and (E) of the Rehabilitation Act; 34 CFR 361.46(b) and 363.11(g)(3) and (5))**

*(a) An individualized plan for employment that meets the requirements of Section 102(b) of the Rehabilitation Act and 34 CFR 361.45 and .46 is developed and updated using funds under Title I.*

*(b) The individualized plan for employment:*

1. specifies the supported employment services to be provided;
2. describes the expected extended services needed; and
3. identifies the source of extended services, including natural supports, or, to the extent that it is not possible to identify the source of extended services at the time the individualized plan for employment plan is developed, a statement describing the basis for concluding that there is a reasonable expectation that sources will become available.

*(c) Services provided under an individualized plan for employment are coordinated with services provided under other individualized plans established under other federal or state programs.*

**Screen 3 of 17**

**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

**Attachment 4.2(c) Input of State Rehabilitation Council**

Required annually by all agencies except those agencies that are independent consumer-controlled commissions.

Identify the Input provided by the state rehabilitation council, including recommendations from the council's annual report, the review and analysis of consumer satisfaction, and other council reports. Be sure to also include:

- the Designated state unit's response to the input and recommendations; and
- explanations for the designated state unit's rejection of any input or recommendation of the council.

In Indiana, the State Rehabilitation Council (SRC) is named the Commission on Rehabilitation Services, and will be referenced as the Commission throughout this document.

The Commission's annual report recommendations and the consumer satisfaction survey history and overall comments were considered, as applicable, in providing input into the state plan. The Commission recognized that state plan attachment 4.2(c) was developed utilizing information from the January meeting as well as all other recommendations made by the Commission throughout the year. As a result, the Commission approved the general content of the draft presented to them.

On January 21, 2010, members of the Commission conducted a Bureau of Rehabilitation Services (BRS) state plan development meeting to provide input and assistance to BRS in developing annual revisions to the State Plan for Title I (Vocational Rehabilitation Services Program) and Title VI-B (Supported Employment Services). The Commission reviewed the results of the federal performance standards and indicators and the federal fiscal year (FFY) 2010 state plan. In preparation for the meeting, all Commission members were provided with the FFY 2010 state plan via an electronic e-mail dated January 6, 2010.

## FEDERAL PERFORMANCE STANDARDS AND INDICATORS

### Priority #1: Employment outcomes

Goal 1.2. Percent of persons achieving an employment outcome (target: 55.8%).  
Outcome: FY 2008 ? 51.79%; FY 2009 ? 48.18%

SRC Input: There was discussion about the correlation between the drop in outcomes and any loss of field staff positions or vacancies (i.e., VR Counselors) are stretched to their jobs, which impacts the quality of services to people who come in with a complex set of issues. Also, more paperwork has been added (social security interface, etc.) but nothing has been taken away. Virtual office ? has its ups and downs.

Response: See Attachment 4.10, the Comprehensive System of Personnel Development, which identifies the number of vacancies (VRCs/Secretaries, etc.) ? and what is being done to fill them as of 3/1/10. Also, see Attachment 4.11(c)(3), which addresses Order of Selection, for a discussion of resource availability including personnel as well as funding.

Goal 1.4. Percent of persons in competitive employment with significant disabilities (target: 62.4%).

Outcome: FY 2008 - 79.29% ; FY 2009 ? 74.49%

SRC Input: There was discussion about the complex issues encountered by consumers with developmental disabilities and the movement of people from sheltered employment into BRS, which could have impacted numbers. There were questions about how the determinations were made and whether the IRIS case management system has made a difference.

Response: BRS, through surveys of staff and review of trend documentation from reports, has identified specific areas where additional training for staff needs to occur to ensure that the complex issues of each individual are addressed. The Rehabilitation Services Administration, in their program audit of May, 2009, recommended that BRS review the means by which people are identified as most significantly disabled, significantly disabled, and non-significantly disabled.

See Attachment 4.11(c)(3), Order of Selection, for an overview of how those determinations will be made, which is a change from current policy, resulting from the recommendation.

Goal 1.5. Average hourly earnings of persons in competitive employment, divided by the State, all workers, and average hourly earnings (target: 0.52).

Outcome: FY 2008 ? .579; FY 2009 - .598\*

SRC Input: There was discussion about being aware of whether people are reaching substantial gainful activity (SGA), and looking at training and the reasons people are afraid to work (i.e., Right now, work is supplementing benefits ? people do not want to lose benefits (housing, medical, etc.)

Response: The Indiana Medicaid Infrastructure Grant supports activities that enhance employment opportunities and remove barriers to employment for individuals with disabilities. In 2011 the grant supports the Work Incentives Planning and Assistance (WIPA) programs and Indianas Benefits Information Network. As part of the WIPA, there are free Work Incentive Seminar Events (WISE). WISE are community events held by local organizations for beneficiaries to learn more about available incentives through accessible, informal, learning opportunities. These types of opportunities will continue to be available in FFY 2011.

Priority #2: Equal access to services

Goal 2.1. Service rate for minorities divided by service rate for non-minorities (target: 0.80).

Outcome: FY 2008 - 0.83; FY 2009 - .824

SRC Input: There was discussion about the demographic makeup of Indiana, which includes areas that are not that diverse, and the cultural differences and consumer trust issues, e.g. how to involve Hispanic populations.

Response: Part of the training protocol includes outreach by staff in their local communities to reach out to unserved and underserved populations. As part of the Corporate Job Initiative, BRS can look at the data from various parts of the state and identify areas that may need some focused employment development activities.

## RESPONSES ON FFY 2011-2012 STATE PLAN DRAFT

### Attachment 4.2(c) ? Input of State Rehabilitation Council

SRC Input: There was discussion about the satisfaction survey results.

Response: As part of the comprehensive needs assessment, see Attachment 4.11(a), Indiana has included the results of the consumer satisfaction survey results, including comments from people who were successful in finding employment after services were provided, and those who were not successful. In FY 2011, the Commission will be asked to provide input into a possible survey rewrite, especially for the unsuccessful closures.

### Attachment 4.10 - Comprehensive System of Personnel Development

SRC Input: The Commission asked several questions. (i.e., What factors are used to determine the number of staff needed to provide the service? How does BRS determine the ratio? What criteria is used ? budget/personnel, ratio of consumers to staff?)

Response: The determination for staff was and is determined by population, demand, and caseload size. Originally, all regions were divided into similar population bases with five area offices. That required a region manager, five area supervisors, and with six counselors per area or 30 total per region. Clerical support staff was originally one area secretary and one clerical for each two field staff in each office. Positions were added as populations and demand grew but, conversely four positions were removed due to state budget issues during 2009.

Region managers can change positions within their region based upon demand or population fluctuations which is why BRS has eight VRCs in some offices and five in a few others. BRS has been reducing the dependency on secretaries for the last eight years as more and more clerical tasks have decreased secondary to technology and now, the ratio of secretaries is considered to be one to three professional staff.

### Attachment 4.11(b) - Annual Estimates of Individuals to be Served and Costs of Services

SRC Input: The Commission asked several questions. (i.e., How does BRS define the benchmark of when there is not enough staff to do the work? How does BRS ensure that there are enough staff to do the job, i.e. don't lose the positions of people who have retired, etc. and be able to hire?)

The Commission recommended that if anywhere in the state plan there is reference to other resources for consumers; make sure the independent living centers are included. Also, encourage VRCs to make referrals to independent living centers.

The Commission asked if the IRIS case management system identifies when a VRC has made a recommendation for other resources and whether or not the BRS client handbook identifies the independent living centers.

Response: BRS attempts to look at caseloads, management practices, etc. and have determined VRCs are most effective when their caseload does not exceed 120. BRS makes every effort to replace any departing staff as quickly as possible, however, budgetary constraints have resulted in an inability to fill some vacancies.

Within the state plan attachments, i.e. 4.8(b)(1), centers for independent living are mentioned as resources for staff/consumers. Counselors make note, within the electronic case management system, of specific activities happening on behalf of a particular consumer, including whether a referral to another resource is made. As this could be any number of things, there is not a specific drop down box within IRIS where a counselor chooses the type of referral.

IRIS ? can the Commission get data to answer questions? Can someone from IRIS come in and talk about what type of data/information the IRIS system can provide to the Commission?

Response: Yes. BRS will work with the Commission on the types of queries they may have.

Attachment 4.11(c)(3) ? Order of Selection

SRC Input: The Commission asked several questions. What budget do we have for the year we are projecting - 2010? - 2011? What is the reason that the budget went down, or not enough personnel to serve everyone? What are the factors that the state uses to make the decision? As a consumer ? how is it determined who gets the services ? i.e. what priority category would they go into for services? (need to look at equality of how this OOS is done)

Response: See data and justification that is in Attachment 4.11(c)(3).

Attachment 4.11(c)(4) - Goals and Plans for Distribution of Title VI, Part B, Funds

SRC Input: The Commission expressed concern about how the future restrictions on supported employment follow-along (SEFA) will impact individuals who are BRS consumers and who need ongoing support. The Commission asked if the law allows for a time limited cap on SEFA.

Response: Staff of BRS have the same concerns and will be working with OMPP and BDDS on reviewing/implementing the restrictions.

Attachment 4.11(e)(2) - Evaluation and Reports of Progress in Achieving Identified Goals and Priorities

SRC Input: The Commission discussed the economy and other things that are going on in a persons life that impact successful employment (transportation, housing, peer support, etc.), and the role that could be played by independent living centers.

Response: State agency agrees. BRS will be meeting with ILC Directors in 2011 to discuss areas where collaboration can be enhanced.

#### Attachment 4.11(a) ? Comprehensive Statewide Assessment

SRC Input: The Commission had several questions. (How can BRS collaborate with ICOIL on doing a needs assessment; use some of the same information etc? How does the state agency identify who would be contacted to obtain needs assessment information, to improve CRPs, etc.? Can BRS use the needs assessments from other agencies, etc.? It was mentioned that the IN Council on Independent Living has disability information from the National Institute on Disability and Rehabilitation Research (NIDRR) that can be shared.

Response: The BRS director met with the ICOIL executive committee in February, 2010 and, among other things, the needs assessments were discussed. It was determined that information can/will be shared across both entities. BRS is using needs assessments from other agencies to complete this year's assessment, and will continue to collect information over the next few years in preparation for the next triennial needs assessment.

This screen was last updated on Aug 10 2010 11:14AM by Patrik Madaras

**Screen 4 of 17**

### **State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

#### **Attachment 4.7(b)(3) Request for Waiver of Statewideness**

Identify the types of services to be provided by the program for which the waiver of statewideness is requested.

The waiver request should also include:

- a written assurance from the local public agency that it will make available to the designated state unit the non-federal share of funds;
- a written assurance that designated state unit approval will be obtained for each proposed service before it is put into effect;
- a written assurance that all state plan requirements will apply to all services approved under the waiver.

This agency has not requested a waiver of statewideness.

This screen was last updated on Aug 31 2009 8:05AM by Patrik Madaras

**Screen 5 of 17**

**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

**Attachment 4.8(b)(1) Cooperative Agreements with Agencies Not Carrying Out Activities  
Under the Statewide Workforce Investment System**

Describe interagency cooperation with and utilization of the services and facilities of agencies and programs that are not carrying out activities through the statewide workforce investment system with respect to

- Federal, state, and local agencies and programs;
- if applicable, Programs carried out by the Under Secretary for Rural Development of the United States Department of Agriculture; and
- if applicable, state use contracting programs.

The Division of Disability and Rehabilitative Services (DDRS)/Bureau of Rehabilitation Services (BRS)/ Vocational Rehabilitation Services (BRS) seeks interagency cooperation with a number of agencies and entities that are not partners required by the Workforce Investment Act of 1998. These include:

Centers for Independent Living (CIL) and Independent Living Programs: BRS makes a concerted effort to maintain an open working relationship with the CILs that are located in Indiana. Counselors and other staff make referrals to centers and programs. The center staff refer individuals for BRS. BRS supports the continuing goal of providing opportunities and assistance to the CILs that will enable them to become independent from State funding. We continue to work with the Independent Living Research Utilization (ILRU) Program to secure professional assistance in developing a mutually satisfactory method for independence.

Community Rehabilitation Programs (CRPs): BRS has a close working relationship with CRPs which include Community Mental Health Centers (CMHCs). There are currently Purchase of Service Agreements (POSAs) with 88 programs. Agency and program staff interact daily, and are involved in local planning activities for the benefit of individuals with disabilities. Training and technical assistance to support BRS and IL programs is available statewide.

The Bureau of Developmental Disabilities Services (BDDS): BRS works very closely with BDDS in ensuring seamless transition to Supported Employment Follow Along (SEFA) services. At time of job placement, counselors submit transfer to SEFA documentation to ensure follow along services are in place prior to BRS case closure.

Office of Medicaid Policy and Planning (OMPP): BRS manages Indianas Medicaid



Infrastructure Grant (MIG), and works closely with OMPP in carrying out activities of the grant. BRS and OMPP co-chair the MIG Leadership Council, comprised of key stakeholders (including agencies listed above). The Leadership Council provides critical input on identifying goals and priorities for Indiana's strategic plan, guides activities of the MIG, and assists with identifying priorities for grant application.

Division of Mental Health and Addiction (DMHA): BRS works closely with DMHA in assuring adequate counseling and support services are available to individuals with mental illness. DMHA and BRS jointly fund a contract (DMHA and BRS have a Memorandum of Understanding for DMHA to provide partial match) which provides training and consultation to all employment services providers, including mental health centers and BRS staff regarding supported employment for people with disabilities, including a focus on mental illness. The agencies also work together to address the need for follow-along resources for individuals in supported employment. There are approximately 25 CMHCs across the state that have BRS POSAs for placement services. DMHA continues to promote employment for persons with mental illness by including employment and career planning as measures in consumer services reviews.

Department of Workforce Development (DWD): Counselors continue to have a presence in local DWD offices and encourage consumers to utilize DWD's new job match system as a useful job search tool.

Department of Education (DOE): BRS participates on the 290 transition group and collaborates with DOE on providing seamless transition services. BRS Counselors continue to have a presence in local schools, attend case conferences, and take applications from students while they are in high school. The goal for all transition aged students is to have an IPE in place prior to exit from high school.

Social Security Administration (SSA): BRS has worked closely with SSA to understand new Ticket to Work Regulations and to implement the Partnership Plus Model in Indiana. BRS continues to collaborate with Work Incentives Planning and Assistance (WIPA) programs and Indiana's Benefits Information Network (BIN) to ensure that beneficiaries receive appropriate benefits planning and education on utilizing work incentives to work toward self sufficiency.

Division of Family Resources (DFR): BRS works with DFR in assuring that consumers have access to necessary services. These include Medicaid eligibility as a comparable service, Temporary Assistance to Needy Families, Food Stamps, the Energy Assistance Program, housing, weatherization assistance, the Step Ahead program for child care, and avoidance of duplication of services by local collaboration with the IMPACT staff.

Department of Correction (DOC): BRS works with DOC to ensure smooth transition of ex-offenders with disabilities into the workforce.

Veterans Administration (VA): Employment can play a major role in the recovery of wounded and injured service members. To support these brave men and women in their return to civilian life, BRS works with various local, state and federal boards and commissions concerning statewide veterans services. A strong relationship exists with the Crane Learning and

Employment Center that provides education and on the job training for veterans with disabilities along with the federal VRS and Employment Service under the U.S. Department of Veterans Affairs. BRS is currently in the process of finalizing a collaborative working agreement that will assist veterans in receiving seamless information and referral services from both the state and federal VRS service agencies.

BRS maintains a collaborative working relationship with several advocacy and consumer support groups and organizations. These include IN-APSE: The Network on Employment; Indiana's Parent Training and Information Center (formerly IPIN), Indiana Resource Center for Families with Special Needs (IN\*SOURCE); the Association of Rehabilitation Facilities in Indiana (INARF); and the Arc of Indiana. Input from these groups is sought prior to any major changes in BRS policies and procedures. In addition, BRS is also partnering with the Rehabilitation Hospital of Indiana (RHI) Foundation on the Traumatic Brain Injury (TBI) State Demonstration Grant.

Client Assistance Program (CAP): BRS and the Protection and Advocacy Services/Client Assistance Program (CAP) work together by discussing pertinent issues, identifying training needs, and collaborating on training opportunities.

Department of Agriculture: Consumers utilize the Breaking New Ground program located at Purdue University. This program assists farmers with disabilities as well as providing outreach to rural communities (e.g., accessibility of churches).

State Use Contracts: BRS and the Indiana State Use Law Program have a common mission to provide training and employment opportunities for citizens of Indiana with severe disabilities.

Small Business Administration (SBA): As consumers explore small business ventures, BRS utilizes the resources available through local SBA facilities. SBA has specialized staff that frequently work with BRS consumers on developing business plans. Consumers also participate in classes through SBA.

Assistive Technology Project: BRS works closely with Easter Seals Crossroads Assistive Technology Center to ensure that the Assistive Technology Act federal priorities are addressed. In addition, BRS Counselors may participate in ongoing assistive technology training. BRS staff and BRS consumers can access the equipment loan program to test various types of equipment or borrow equipment to be used when repairs are necessary to previously purchased items.

This screen was last updated on Aug 10 2010 11:21AM by Patrik Madaras

**Screen 6 of 17**

**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

## **Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011 (submitted FY 2010)**

### **Attachment 4.8(b)(2) Coordination with Education Officials**

- Describe the designated state unit's plans, policies, and procedures for coordination with education officials to facilitate the transition of students with disabilities from school to the receipt of vocational rehabilitation services, including provisions for the development and approval of an individualized plan for employment before each student determined to be eligible for vocational rehabilitation services leaves the school setting or, if the designated state unit is operating on an order of selection, before each eligible student able to be served under the order leaves the school setting.
- Provide information on the formal interagency agreement with the state educational agency with respect to
  - consultation and technical assistance to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including VR services;
  - transition planning by personnel of the designated state agency and educational agency that facilitates the development and completion of their individualized education programs;
  - roles and responsibilities, including financial responsibilities, of each agency, including provisions for determining state lead agencies and qualified personnel responsible for transition services;
  - procedures for outreach to and identification of students with disabilities who need transition services.

Transition services are for the purpose of providing a planned, efficient movement of students with disabilities from high school to work and/or further education or technical training. The Division of Disability and Rehabilitative Services (DDRS) continues to work closely with the Department of Education (DOE) to ensure seamless transition for high school students with disabilities, early access to BRS and other services, and to ensure compliance with Federal and State legislation. The DOE revised state legislation (Title 511, Article 7) in regard to special education services.

Upon obtaining written consent, the school corporation and BRS confer at least one time per year to review transition age students. If a student may be eligible for and benefit from BRS services, the VRS counselor will be invited to the case conference meeting that will take place during the school year before the students projected final year of school, or earlier, if appropriate. During that meeting, the student/parent are advised of the array of BRS services that may be available and the process to access those services. The case conference committee (whether BRS is at the meeting or not) must develop a transition individualized education program (IEP) that will be in effect when the student enters into grade nine, or becomes 14 years of age, whichever occurs first.

The IEP must include, among other information, the following, which will assist the VR counselor in supporting the student once the transition is complete:

- . Information from age appropriate transition assessments of strengths, preferences, and, interests.
- . Appropriate measurable postsecondary goals, based upon age appropriate transition assessments that are related to training, education, employment, and, where appropriate, independent living skills.
- . Documentation regarding whether the student will pursue a high school diploma or a certificate of completion.
- . The transition services needed to assist the student in reaching the postsecondary goals, including the individuals and agencies identified for implementing the transition services.

A) consultation and technical assistance to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including VR services

BRS has a contract with an entity that will provide training and technical assistance to local BRS and school staff regarding the provision of transition services. Included in the contract will be an expectation to maintain and revise, as necessary, various transition related products, including a training module on "transition from school to work" that can be accessed via "e-learning?". Other products include, for example, "Transition From School to Adult Life: Vocational Rehabilitation Services Policy and Practice Guidebook", and "How to Choose a Supported Employment Provider: An informative guide for people with mental illness?".

Evaluation and follow-up on students receiving transition services is the responsibility of DOE by means of the Indiana Transition Initiative Graduate Follow-up System which is a computer resource tool designed to facilitate the collection of information about former students and their post-school experiences. The summary reports generated by the system can be used to improve local interagency planning and transition services. BRS continues to track numbers of transition consumers served, and their outcomes. The VRS Policy and Procedure Manual and the Indiana Special Education Rules for local school programs, have been coordinated to reflect consistent policies and practices related to transition.

Indiana has a state law (Senate Enrolled Act 606) related to transition services which identifies the various responsibilities of schools and adult service providers.

(B) Transition planning by personnel of the designated State agency and the educational agency for students with disabilities that facilitates the development and completion of their individualized education programs under section 614(d) of the Individuals with Disabilities Education Act. In addition to the special education legislation described above, Indiana has passed legislation (Senate Enrolled Act 606) that mandates that local schools and BRS staff coordinate certain activities related to transition:

1. With adequate notice, the VR counselor will attempt to attend the case conferences during the last two school years of students who may be eligible for services.
2. Adult services providers, to include BRS, DWD, the Department of Health, BDDS, and the Bureau of Aging and In-Home Services, provide information to local schools regarding how to access their services. Schools are to present this material to students and families during case conferences when transition is discussed.
3. BRS is to meet with local school staff at least once a year to assist in determining students

who may be eligible for services.

4. The VR counselor will perform the duties of advocate and consultant to students and, where appropriate, to the students families.

5. The VR counselor will promote communication with students and families by attending appropriate student activities including case conferences, career days, transition fairs, family and student forums, and other consultative services on behalf of students.

6. Applications for VRS should be taken during the second to last year of high school (junior year).

7. The Individualized Plan for Employment (IPE) shall be developed prior to the students exit from school. This is also a requirement of the Rehabilitation Act. In the event that Indiana implements an Order of Selection, BRS will serve and develop an IPE for each eligible student, able to be served under the order, prior to exiting the school setting.

(C) The roles and responsibilities, including financial responsibilities of each agency, including provisions for determining State lead agencies and qualified personnel responsible for transition services:

Transition services are a cooperative effort. VR counselors are invited to assist with the planning related to transition services. The local school corporation takes the lead while the individual is a student, and when the student exits the school program, BRS becomes the lead agency. The counselor is then the responsible party for the provision of transition services to eligible students. There is a formal interagency cooperative agreement between the Family and Social Services Administration and the Department of Education. This agreement was updated and was fully executed by October, 2003. The cooperative agreement states that: The roles and responsibilities, including financial responsibilities, of each agency, including provision for determining State lead agencies and qualified personnel responsible for transition services:

a) The student's IEP will define the services and responsible payer for each of the services. (34 CFR §300.301 (a)) If BRS is responsible for payment of a service, this will be defined on the Individualized Plan for Employment (IPE). Services will be provided in accordance with student's IEP, the requirements of 511 IAC Article 7, and the Vocational Rehabilitation Services Policy and Procedures Manual.

b) Each agency will maximize coordination in the use of public funds.

The VRS Policy and Procedure Manual states that for each student identified as an individual who may be eligible for BRS, the school will invite the counselor to attend the students annual case conferences for both of the two years prior to the projected exit from school. When the application for BRS program participation is desired and appropriate, the application must be taken as early as appropriate, but not later than the beginning of the last semester of the student's projected exit year. Once the student has applied, placement and related services may be authorized, as appropriate, at any time following completion of the students next-to-last year of school (e.g., following completion of the junior year), or earlier, if identified in the students IPE as appropriate to meet the students individualized vocational needs. Vocational rehabilitation services provided prior to the students exit year from school cannot supplant or duplicate any services for which the school bears primary responsibility.

BRS worked closely with DOE, Protection and Advocacy Services and assistive technology program, Easter Seals Crossroads Rehabilitation Center, in developing a policy regarding BRS purchase of technology related equipment from the local schools for eligible students. Senate Bill 290 required the development of a Task Force to study and identify methods to: "Coordinate, integrate, and streamline service delivery to children with disabilities and their families; and "Maximize the use of available federal, state, and local fiscal resources to provide an array of services to children with disabilities and their families.?"

The SB 290 Task Force (including members from BRS, DDRS, DOC, DOE, Ball State University, Indiana University, INARF, DWD, IN\*SOURCE, and DMHA), issued its report in December, 2002 and continues to meet to implement the recommendations of the task force, explore other ways to improve transition services and monitor the delivery of transition services statewide.

(D) Procedures for outreach to and identification of students with disabilities who need transition services.

In addition to those activities described in the above sections, BRS is responsible for providing written information to students and their families regarding adult services. This written information is available in both English and Spanish.

A brochure and cover letter is sent out annually to all guidance counselors in the local high schools informing them of BRS and requesting them to inform all students in regular education who might be eligible for the BRS program.

Upon obtaining written consent, the school corporation and BRS confer at least one time per year to review transition age students. If a student may be eligible for and benefit from BRS, the VRS counselor will be invited to the case conference meeting.

This screen was last updated on Aug 10 2010 11:21AM by Patrik Madaras

**Screen 7 of 17**

## **State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

### **Attachment 4.8(b)(3) Cooperative Agreements with Private Nonprofit Organizations**

Describe the manner in which the designated state agency establishes cooperative agreements with private non-profit vocational rehabilitation service providers.

The manner in which the designated State agency establishes cooperative agreements with private non-profit BRS providers is consistent with the requirements of the State plan. BRS

currently purchases an array of services from a variety of vendors, including vocational evaluation, placement, and supported employment services. BRS promotes consumer choice in the provision of services. There are a total of 88 agencies with POSAs for providing employment services (Results Based Funding) in Indiana. These 88 vendors consist of Community Rehabilitation Programs.

This screen was last updated on Aug 10 2010 11:21AM by Patrik Madaras

**Screen 8 of 17**

## **State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

### **Attachment 4.8(b)(4) Arrangements and Cooperative Agreements for the Provision of Supported Employment Services**

Describe the efforts of the designated state agency to identify and make arrangements, including entering into cooperative agreements, with other state agencies and other appropriate entities in order to provide the following services to individuals with the most significant disabilities:

- supported employment services; and
- extended services.

Indiana receives approximately \$500,000/year of Title VI B funds to provide supported employment (SE) services. The agency has made a commitment to serve people with the most significant disabilities and also utilizes Title I dollars to serve this population. BRS spent \$10.9M on SE services, and served 4200 consumers with most significant disabilities (MSD) in FFY09. In FFY09, 964 individuals who received SE services were successfully placed in competitive employment.

BRS works collaboratively with the Bureau of Developmental Disabilities Services (BDDS) to provide SE service and seamless transition to extended services. BRS and BDDS also collaborate to ensure seamless transfer to supported employment follow along (SEFA) services. VR counselors are able to determine BDDS eligibility for consumers (with IQ < 70 and no autism diagnosis) and initiate transfer to follow along at the time of job placement. This ensures that BDDS eligible consumers move directly into follow along services after case closure without a gap in services.

There have been recent changes to the Indiana Medicaid Waiver definition of SEFA that adds a new workplace assistance service which allows those in need of personal assistance to obtain and

maintain employment. BRS staff is working with members of the Medicaid Waiver unit within the Family and Social Services Administration to clarify/implement the new service.

This screen was last updated on Aug 18 2010 2:38PM by Nancy Zemaitis

**Screen 9 of 17**

**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

**Attachment 4.10 Comprehensive System of Personnel Development**

**Data System on Personnel and Personnel Development**

1. Describe the development and maintenance of a system for collecting and analyzing on an annual basis data on qualified personnel needs with respect to:

- the number of personnel who are employed by the state agency in the provision of vocational rehabilitation services in relation to the number of individuals served, broken down by personnel category;
- the number of personnel currently needed by the state agency to provide vocational rehabilitation services, broken down by personnel category; and
- projections of the number of personnel, broken down by personnel category, who will be needed by the state agency to provide vocational rehabilitation services in the state in 5 years based on projections of the number of individuals to be served, including individuals with significant disabilities, the number of personnel expected to retire or leave the field, and other relevant factors.

1. Describe the development and maintenance of a system for collecting and analyzing on an annual basis data on qualified personnel needs with respect to:

. the number of personnel who are employed by the state agency in the provision of vocational rehabilitation services in relation to the number of individuals served, broken down by personnel category;

. the number of personnel currently needed by the state agency to provide vocational rehabilitation services, broken down by personnel category; and

. projections of the number of personnel, broken down by personnel category, who will be needed by the state agency to provide vocational rehabilitation services in the state in five years based on projections of the number of individuals to be served, including individuals with



significant disabilities, the number of personnel expected to retire or leave the field, and other relevant factors.

The state's biennium budget process addresses the annual (for each year of the biennium) numbers and types of staff to be employed. At the time of this systematic process, BRS makes projections for the coming year on the types and numbers of employees needed. Monthly reports are prepared and shared with management that include ratios of VR counselors to consumers. Currently, the ratio is 1:128. In addition, management team analyzes staffing needs based on projections of the number of people to be served and the number of people expected to retire. We have consistently hired 20-24 new counselors per year due to retirements and turnover. Over the next five years we will need to fill additional vacancies due to an increased number of employees reaching retirement age. The projected number of consumers to be served is among the data reviewed in consideration of staffing levels. The following are projections of the anticipated number of applicants and eligible individuals coming into the system annually for each of the next five years.

#### Baseline Estimate

FFY09 (Applicants: 16,716; Eligible: 13,771)  
FFY10 (Applicants: 16,812; Eligible: 13,963)  
FFY11 (Applicants: 16,998; Eligible: 14,128)  
FFY12 (Applicants: 17,205; Eligible: 14,312)  
FFY13 (Applicants: 17,298; Eligible: 14,395)  
FFY14 (Applicants: 17,330; Eligible: 14,424)

The projected number of personnel needed to provide current VR services over the next five years by personnel category will increase due to the successful outreach activities of BRS. BRS administration believes that a counselor-consumer ratio of 1:120 is best practice to maintain efficient caseload management. Indiana BRS is currently running above this ratio (1:128). We would currently need an additional 11 VR counselors (172 VR counselor positions total) to reach the 1:120 ratio. If applications and people who are eligible continue to rise, the number of staff needed to meet consumer needs will increase as well. These are estimates of applicants and people who are eligible for the next five Federal Fiscal Years (FFYs) based on recent trends (particularly trends in early FFY 10 as compared to prior FFYs). FFY 09 actuals are provided for comparison. The gradual increase in the next five years is due to the current economic situation companioned with BRS outreach activities to rehabilitation facilities, schools, and other stakeholder organizations. Increases indicate that we may need to add more staff to serve consumers in the future. Due to state budgeting restraints and state personnel hiring restrictions, for at least the next year, staffing levels will remain the same. Although the State of Indiana is experiencing budget constraints, we continue to be permitted to fill counselor vacancies.

Row	Job Title	Total positions	Current vacancies	Projected vacancies over the
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next 5 years				
1	Vocational Rehabilitation Counselors	161	4	76
2	Area Supervisors	25	0	10
3	Special Supervisors	3	0	1
4	Region Managers	5	0	3
5	Administrative Staff	7	0	4
6	Support Staff	101	10	50
7	Blind/VI/Deaf programs	11	1	3
8				
9				
10				

2. Describe the development and maintenance of a system for collecting and analyzing on an annual basis data on personnel development with respect to:

- a list of the institutions of higher education in the state that are preparing vocational rehabilitation professionals, by type of program;
- the number of students enrolled at each of those institutions, broken down by type of program; and
- the number of students who graduated during the prior year from each of those institutions with certification or licensure, or with the credentials for certification or licensure, broken down by the personnel category for which they have received, or have the credentials to receive, certification or licensure.

Unlike the other states in region V, Indiana does not have a Rehabilitation Services Administration funded masters program to prepare counselors to work in the state agency. However, Ball State University has a long-standing Master's of Rehabilitation Counseling Program that has graduated sixty-six students since their masters program started in 1995, which includes five new graduates in 2009. The program currently has 15 students enrolled.

Though Indiana has other university institutions that offer degrees in related fields that might meet its hiring qualifications, these programs do not have the required certification or licensure to prepare graduates for VR counselor positions. Once personnel are hired via a related field, the Indiana Leadership Academy offers the necessary training to prepare them for the challenging position as a VR counselor. To support the professionalism of our staff, Indiana developed a system of tuition reimbursement for the Masters in Rehabilitation Counseling Program at Ball State University, as well as other accredited masters programs. When we were in the early stages of addressing the Comprehensive System of Personnel Development requirement, we worked

with Ball State University to establish a distance learning program (via satellite) to make masters level coursework accessible to counselors across the state of Indiana.

Discussions on establishing an internship program to assist in recruitment to the state agency have occurred, and we are working with Ball State to increase the number of internships in the state agency. The Commission on Rehabilitation Education (CORE) has commended Ball State University on the arrangement established with the VR offices to provide internship opportunities. The state agency will continue to assist Ball State University to apply for RSA funding to support students in the Master's program. BRS continues to coordinate with Indiana University to assist us in obtaining the coursework needed to prepare counselors to qualify to sit for the Certified Rehabilitation Counselor (CRC) exam. BRS does work closely with Indiana University through the Indiana Institute on Disability and Community in the provision of the Leadership Academy and other training initiatives. Bi-monthly meetings are held with the Institute and will continue.

Row	Institutions	Students enrolled	Employees sponsored by agency and/or RSA	Graduates sponsored by agency and/or RSA	Graduates from the previous year
1	Ball State University	15	0	0	5
2					
3					
4					
5					

### **Plan for Recruitment, Preparation and Retention of Qualified Personnel**

Describe the development (updated on an annual basis) and implementation of a plan to address the current and projected needs for qualified personnel including, the Coordination and facilitation of efforts between the designated state unit and institutions of higher education and professional associations to recruit, prepare, and retain personnel who are qualified, including personnel from minority backgrounds and personnel who are individuals with disabilities.

#### **Equal Opportunity Employment**

The Division of Disability and Rehabilitative Services (DDRS) has an Equal Employment Opportunity policy. It states that the DDRS will be fair and equitable in its relations with employees and applicants for employment without regard to race, color, religion, national origin, ancestry, age, sex, or disability. With this in mind, BRS has increased its efforts in coordination with state institutions of higher education and professional associations to recruit, prepare, and

retain qualified personnel, to include minorities and people with disabilities. Regular participation in job fairs at postsecondary institutions and many other events is used as a means of recruiting professionals with disabilities and minorities. A significant number of BRS employees are people with disabilities. As stated earlier, the agency will be submitting a new CSPD education requirement in the upcoming years due to staffing difficulties. One outcome of this change will be to increase the number of qualified professional applicants.

#### Staff Development.

The procedures and activities that are undertaken to ensure that all personnel employed are appropriately and adequately trained and prepared are outlined below. The training initiatives identified are directed toward all levels of staff. Secretaries will continue to have access to classes to improve computer skills, customer service skills, and learn American Sign Language, if desired. Needs assessment information is used to develop a plan to meet both individualized and statewide training needs. In addition, staff is encouraged to participate in locally offered training as well as national level training. CRC credits are given for all agency sponsored training that meets CRC criteria. This coordination with a professional association is done to assist VR counselors in maintaining professional accreditation. Standards for all job classifications are approved by State Personnel. These standards are based on a job analysis questionnaire that is completed by staff in those classifications. Human resource staff job shadow counselors to determine if the current classification and salary level is appropriate. State Personnel has been apprised of the RSA's laws and regulations in reference to the CSPD. The minimum qualifications for counselors in Indiana were revised to reflect the need to hire professionals who have a masters degree in rehabilitation counseling or closely related area, or be a CRC. Job postings for counselors reflect these minimum qualifications.

#### Recruitment and Succession

Recruitment, retention, and succession are tracked on a bi-weekly basis by BRS Management. A report is generated and maintained weekly by the Director of Field Operations office through collaboration with the Coordinator of Training and Professional Development and the agencies' Region Managers and Supervisors. This report shows:

- 1) Overall Staffing Update by office including openings, leave requirements, and caseload sizes;
- 2) Staff Eligible to Retire; 3) Current Openings; and 4) Summary of Staff and Caseload Sizes by Office.

Historically, Indiana BRS has participated in many attempts for comprehensive succession planning. In 2007, a work group in the BRS agency consisting of supervisors, counselors and the human resource director worked with the Region V Technical Assistance and Continuing Education Center (TACE) in the development of a succession plan. The succession plan was approved by previous management, but due to an approved extension of time for the CSPD requirement for Masters level staff, implementation has not yet occurred. The plan identified provisions for retention of qualified rehabilitation personnel by looking at the establishment of "case aide" positions within VR. To date the case aide position has not been established; however, BRS management is again looking to succession planning for the agency. The changing role of support staff in light of automation has resulted in the loss of secretaries through attrition. There continues to be one secretary to assist every three counselors. The role of the secretary continues to be examined by management in the BRS agency. The BRS agency

continues to offer counselors and support staff opportunities to participate in special agency projects outside of their regular work routines; this includes offering counselors interested in being promoted to supervisors the opportunity to gain leadership experience through workgroups designed to work on policy revision. In monthly management meetings, region managers meet with the Director of Field Operations and the BRS Director to project the number of staff planning to retire and also identify training needs. This system helps the agency identify where to target recruitment and training efforts. Local universities will be used more aggressively as recruitment sources for people with master's degrees in rehabilitation counseling or closely related areas. The use of internships will enhance our recruitment efforts.

### **Personnel Standards**

Describe the state agency's policies and procedures for the establishment and maintenance of personnel standards to ensure that designated state unit professional and paraprofessional personnel are adequately trained and prepared, including:

1. standards that are consistent with any national or state-approved or -recognized certification, licensing, registration, or, in the absence of these requirements, other comparable requirements (including state personnel requirements) that apply to the profession or discipline in which such personnel are providing vocational rehabilitation services; and
2. to the extent that existing standards are not based on the highest requirements in the state applicable to a particular profession or discipline, the steps the state is currently taking and the steps the State Plans to take in accordance with the written plan to retrain or hire personnel within the designated state unit to meet standards that are based on the highest requirements in the state, including measures to notify designated state unit personnel, institutions of higher education, and other public agencies of these steps and the timelines for taking each step.

Be sure to include the following:

- specific strategies for retraining, recruiting, and hiring personnel;
- the specific time period by which all state unit personnel will meet the standards;
- procedures for evaluating the designated state unit's progress in hiring or retraining personnel to meet applicable personnel standards within the established time period;
- the identification of initial minimum qualifications that the designated state unit will require of newly hired personnel when the state unit is unable to hire new personnel who meet the established personnel standards;
- the identification of a plan for training newly hired personnel who do not meet the established standards to meet the applicable standards within the time period established for all state unit personnel to meet the established personnel standards.

### **Counselor Standards**

The state of Indiana has chosen to pursue the national standards established for pursuit and

implementation of the CSPD due to the absence of a state licensure for VR counselors. Indiana has chosen the national standard of a Master's Degree in rehabilitation counseling or closely related area as its educational standard. Counselors who have previously met the CRC standard with less than the Master's Degree and have maintained their certification through the necessary hours of continuing education will be considered to have met the required standard.

#### Training Standards

Indiana's human resource system is inclusive of a human resource development plan to provide training, education, and staff development to ensure that staff is knowledgeable and skilled in the ever-changing field of rehabilitation. Counselor training needs are assessed through survey, dialogue, supervisor recommendations, and agency directives. Trainings for the coming year are planned in response to the training director's assessment of these needs and through the use of a training needs survey. Training needs are also identified by analyzing quality assurance review results, and training content is individualized based on these results. The results of past assessments were used to guide the development of the Leadership Academy, which is a contract between BRS and the Indiana Institute on Disability and Community at Indiana University (IIDC). The current product of this contract is an online, interactive training module for new VR counselors. The initial Leadership Academy Orientation has been remodeled, with the new version being utilized in May 2009. As well, three CORE Level Courses focusing on Certified Rehabilitation Counselor exam expectations have been developed and are currently being taken by staff. The remaining seven CORE courses have been developed and are being reviewed before they go live. Advanced level courses are consistently being added to the Leadership Academy and are available to staff, including material taken from other stakeholders on autism, traumatic brain injury, and more. Finally, specialty courses are being developed to train counselors who have specialty caseloads: vision Loss, hearing loss, and brain injury. These specialty courses will be completed by the end of SFY 2011.

#### Status of CSPD Requirements

Indiana BRS successfully petitioned for an extension to the current CSPD requirements, allowing until 12/31/2012 to meet all of the requirements. Currently, 143 counselors meet the CSPD requirements in Indiana by having a master's degree in rehabilitation or closely related area, or CRC accreditation. All new hires meet the current CSPD requirements. The 14 staff not meeting the CSPD requirement have been made aware of the 12/31/2012 deadline and have been offered financial assistance to obtain their degrees through the In-Service Training Grant. Of these 14 staff, 11 have expressed intent to retire prior to the 12/31/2012 date; 3 have expressed need for assistance. These 3 staff are currently working with the Training Unit within a training plan. Indiana BRS utilizes the national standard for our CSPD requirement. When Indiana BRS is unable to hire new personnel who meet the established personnel standards, BRS does not currently hire below the national standard. If Indiana BRS does not have proper applicants, the position is reposted until a proper applicant is found. The 11 individuals who do not meet CSPD, are not on a training plan and intend to retire by 12/2012 do not perform non-delegable functions which are performed by their colleagues or supervisors who meet the state established CSPD standard.

Indiana has a total of 66 staff, including counselors, area supervisors, region managers, and management who have CRC certification. Counselors who sat for the CRC or for re-certification

in 2009 had access to reimbursement for examination fees. This reimbursement will continue in 2010. For all individuals who have master's degrees but do not have all of the core courses necessary to sit for the CRC exam, the agency will pay for the necessary core courses, with budget approval on a course-by-course basis depending on availability of funds, to assist them in qualifying for the CRC exam.

#### **Future Challenges**

Indiana BRS continues to encounter challenges in recruiting and retaining qualified professionals. The current practice of requiring a Master's Degree for the position of VR counselor, in lieu of CRC certification, is proving a difficult barrier to finding qualified candidates. In many parts of the state, there are few if any candidates on eligible lists after posting vacancies. The situation is going to become more critical as an increasing number of current employees are reaching retirement age in the next one to three years. Current estimates indicate that approximately 60 of the 191 VR counselors, area supervisors and region managers positions will be eligible for retirement in 2011. Given this tenuous situation, Indiana will be discussing with RSA and TACE possible alterations to the requirement prior to the 12/31/2012 CSPD recertification date.

#### **Staff Development**

Describe the state agency's policies, procedures, and activities to ensure that all personnel employed by the designated state unit receive appropriate and adequate training in terms of:

1. a system of staff development for professionals and paraprofessionals within the designated state unit, particularly with respect to assessment, vocational counseling, job placement, and rehabilitation technology; and
2. procedures for the acquisition and dissemination to designated state unit professionals and paraprofessionals significant knowledge from research and other sources.

#### **Training Initiatives**

Several mechanisms are in place for training purposes, including the In-Service Training Grant from RSA and training contracts with the non-government agencies.

#### **In-Service Training Grant**

To support the training of all Vocational Rehabilitation staff, the RSA funded In-Service Training Grant will be utilized in several ways. Training needs will be prioritized based on available funding.

#### **"Preparation of new VR counselors to assume field responsibilities**

Currently, introductory training for new VR counselors consists of a one-month self-study developed by IIDC. The program consists of modules covering the foundations of the Vocational Rehabilitation program, including the history of disability and awareness of disability types to step-by-step instructions through the Indiana VR process. It will be used by area supervisors at the local level in the training of new VR counselors. Computer-based learning is the primary

method for teaching counselors the electronic case management system. In addition, VR counselors are directed to shadow other staff, have dialogue with supervisors, and interact online with training developers. This format reduces the cost of overnight travel and ensures consistent delivery of program information. Introductory training is evaluated through training evaluations and feedback from supervisors regarding individuals' ability to assume caseload responsibilities after completion of the training. In addition to this orientation, a 1 year CORE level coursework continues to be developed and is near completion. This coursework models the standards set down in the CRC accreditation and will provide evidence of further knowledge and understanding of the rehabilitation system. Advanced coursework continues to be developed that provides ongoing education to all existing counselors in determined areas. Finally, specialized courses are being developed to focus on VR counselors who carry specialized caseloads (brain injury, deaf and hard of hearing, and blind and visually impaired).

"To help existing VR counselors to meet the CSPD Requirements

Tuition for Master's degrees in Rehabilitation Counseling or closely related areas is written into the training grant to assist VR counselors and supervisors who do not yet meet the CSPD. In addition, BRS central office consultants and supervisors will be given access to tuition assistance depending on the availability of funds, in order to expand their expertise in the area of rehabilitation. Distance education (via computer) and weekend coursework will continue to be used in this endeavor.

"Rehabilitation Counselors for the Deaf (RCD) and VI Counselor Training

Training and technical assistance meetings will continue to be held for counselors serving the deaf and hard of hearing and individuals who are blind and visually impaired. Training areas identified by these counselors include: ADA Issues regarding deafness/hard of hearing, advanced deafness topics, ADA Issues regarding blindness/visual loss, advanced blindness topics, training on deaf/blind, to include, needs, employment services, and special service providers (SSPs), transitional services and the laws regarding students, parents, and schools for Individualized Education Programs (IEPs), exit interviews, and assistive devices.

"Support VR Staff in Conference involvement

In-Service Training grant funds are planned to assist all VR employees in attending professional development conferences to increase skills. If funding is available employees will attend annual conferences such as the Indiana Association of Rehabilitation Facilities (INARF) and the Indiana Association of Persons in Supported Employment (INAPSE). In addition to fostering the learning of new skills, attendance at professional development conferences will assist counselors in maintaining CRC accreditation.

"Support VR Staff in maintaining CRC Accreditation

We will continue to support individuals in obtaining CRC accreditation. This will be done through the reimbursement of application fees, test sitting fees, and CRC maintenance fees. All BRS staff who meet the requirements are encouraged to obtain CRC certification. We believe that provision of this assistance creates an atmosphere of support for ongoing professional development.

"Training in Assistive Technology



Assistive technology training is planned for each year of the grant. This ever-changing area requires ongoing updates to assist counselors in providing the most up-to-date information to customers. With the assistance of IN-DATA (federal technology grant group) and other state-of-the-art technology providers, ongoing training will be planned for VR counselors, supervisors, and other direct service providers. To date, these trainings have been held in central Indiana; however, IN-DATA is willing to provide training locally as well.

#### "Substance Abuse Training

Substance abuse training is planned for 2011 to assist VR counselors in working with individuals who abuse alcohol and/or drugs. Counselors have expressed confusion regarding who should be determined eligible, the best treatment modalities, and how to handle relapse when working with individuals with substance abuse problems. This training will emphasize a team approach to rehabilitation in which the community mental health center, substance abuse counseling programs, and VR counselors are integral resources for the consumer.

#### "Quality Assurance Reviews - Training Needs

Ongoing case reviews conducted by area supervisors and central office staff will assist in the identification of training needs.

#### "Training on using other State resources

Training of VR counselors on subjects such as how to use the assessment instruments available in the Work One Centers, and how the Department of Workforce Development (DWD) staff can work more closely together to address the employment needs of people with disabilities will continue to be a part of local training.

#### "Purchasing Resource Materials

The training budget allows for the purchase of resource materials to include software, DVDs, books, journals, etc. to ensure that VR staff has up-to-date resources to address the service needs of people with disabilities. This would include such items as medical dictionaries, Merck manuals, etc. We will look into electronic versions of training materials as well.

#### "Minority Outreach

Funding to do outreach to minorities and people with disabilities has been allotted for in the grant. The purpose is to increase the number of applicants in order to hire the most qualified professionals to vacancies in the agency. Outreach continues to historically black universities and colleges, university-based disabled student service offices, Independent Living Centers, and advocacy groups. Funding will pay for travel, Black Expo and job fair registrations, and recruitment materials.

#### "Transition Services

Transition from school-to-work training continues to occur in conjunction with the Department of Education (DOE). The purpose of this training is to ensure smooth transition of students from school-to-work. Training on the principles of informed choice and how to incorporate informed choice into counseling practice has been held and will continue to be available

#### Traumatic Brain Injury

Continued efforts to improve services for consumers with a brain injury will be a focus for SFY 2011. Researching and implementing best practices in this field is a top priority to improving services. Regional trainings will be planned in addition to online teleconferences.

#### Virtual Office Training Initiatives

Indiana's BRS continues its virtual office initiative. Virtual office is an extension of the field operations of the BRS to meet the needs of people with disabilities in their community. Virtual office is only an alternative for where work is performed and does not alter what work is performed (the quantity or nature of the work assigned) or when it is performed (the scheduled hours during which an employee is expected to be working). Because VR counselors will be in the field more, a series of new training modes and initiatives have begun to assist in the process. One of the most important factors in virtual office is the ability to disseminate information across the state. Since staff will not necessarily be in the office all the time, a new method is needed to reach them. We are currently using free programs, such as IHETS and DimDim, to facilitate meetings.

To better facilitate the virtual office process, BRS has created a manual, videos on utilizing equipment, and other resources. However, it is understood that more training is necessary. Because of this, ongoing training development to better facilitate virtual office is a primary goal of this year's training program.

#### Partnerships

BRS historically has utilized training partnerships with the IIDC and the Supported Employment Consultation and Training Center. We plan on developing a new training contract, utilizing a competitive bid process to continue these efforts.

#### Supported Employment Evidence-Based Practices

##### Social Security Work Incentives

##### Job Development

##### Person-Centered Planning

##### Creative Problem Solving

##### Employment Support Strategies for Persons with a Serious Mental Illness

##### Employment Support Specialist Basic Training

##### Job Retention

##### Ticket to Work and Work Incentives Improvement Act

##### Career Development

##### Strengths-Based Case Management

##### Team Building

##### Supported Education " Orientation

##### BRS Systems

##### Case Management

##### BIN - SSWI

##### VR Guidance

##### Job Development

##### Foundations of Rehabilitation

##### Assistive Technology

##### Counseling

## Ethics

### Neurological Brain Disorders

#### Agency Training Protocols

The following details how Indiana BRS? training team operates. Staff Agency workgroups inclusive of all stakeholders are used to address policy changes and training initiatives that result from these changes. The plan for management consists of the following approach: The coordinator of training and professional development oversees formal needs assessment administration, design of training programs, and ensures that the evaluation component is a part of each program that is offered. One other staff member is currently assigned to the coordinator of training. These individuals are responsible for ensuring that programs that address ongoing needs such as training of new staff are scheduled and maintained as needed. These individuals ensure that CRC credit is provided for all qualifying programs to assist counselors in maintaining accreditation. These individuals also provide logistical assistance for all agency-sponsored trainings, and coordinate tuition reimbursement for master?s coursework. The agency has changing needs that cannot always be planned for and training staff are assigned to assist, as needed, in the development, delivery and evaluation of each activity by the coordinator.

#### Accessibility

Training is held regionally or electronically whenever appropriate to provide easy access for employees. ADA accessibility is verified by training staff to ensure that all employees have equal access to training sites. Training materials are made available in alternative formats such as large print, Braille, on computer disk, or audiotaped. Interpreters for the deaf are provided whenever needed. Other reasonable accommodations are provided whenever needed. All prospective trainees are surveyed prior to each training program to determine individualized accessibility needs. All training announcements are sent to all appropriate staff and discrimination based on age, race, ethnicity, or disability does not occur.

#### Diversity

The training unit and all central office staff reflect diversity and consists of men, women, Caucasians, African Americans, individuals with disabilities, and employees over age 55.

#### Methods

A variety of training techniques and formats are used. BRS training staff will continue to work with university-based programs to provide coursework in modes accessible to the greatest number of employees, such as satellite downlinking and use of the Internet. A combination of classroom teaching, experiential field practice and self-study is being with new VR counselors. Two and three-day workshops will be held both centrally and regionally depending on the needs of the participants. One on one teaching will occur as appropriate to address highly individualized training needs.

#### Evaluation

All training programs will have an evaluation component to them. This will consist of written evaluations completed by the participants and a review of the intended impact of each program to see if the goals have been met. Other methods of evaluation will include the quality assurance compliance review, customer satisfaction surveys/focus groups, and IRIS reports (case

management data) indicating desired outcomes such as increases in competitive placements.

### Resources

Indiana BRS uses the resources of Region V TACE, colleges and universities and information gathered from other states to keep staff up to date on research in rehabilitation. This information is discussed and disseminated through various training programs conducted by the state agency.

### Emergent Priorities

The following lists Indiana BRS' training priorities needing action.

### Training Needs

The need for medical aspects training on disabilities such as autism, traumatic brain injury and mental illness continues to be reflected on needs assessment results. Counselors receive consistent training on these topics through conference attendance specializing in these areas. The BRS Leadership Academy is developing advanced level courses to address the medical aspects of certain disability groups. Our 25 area supervisors, five regional managers, and central office staff will continue to have access to training with other supervisory personnel through the State Personnel Department. This consists of sessions on ethics, team building, sexual harassment prevention, progressive discipline, performance appraisal and cultural diversity.

### Succession Planning

Recruitment of qualified minority applicants and applicants with disabilities continues and is used successfully as a means to obtain qualified applicants. Since the master's degree requirement has been in effect, it has been more of a challenge to recruit qualified applicants. People with disabilities will be recruited via sharing of openings with Disabled Students Service offices at state universities, historically Black universities and colleges (nationally), and independent living centers. A comprehensive system of succession planning is necessary to prevent personnel shortages and ensure the personnel necessary to develop new initiatives/program directions. BRS will continue support of CRC accreditation by providing training opportunities for maintenance of CRC accreditation and providing stipends for membership application and maintenance. All levels of management will be involved in analyzing and projecting personnel needs. Personnel data to plan for managerial and professional needs will be obtained. Region managers and supervisors are asked to engage in continual planning to identify staff who are ready for promotion and those who will be ready. The establishment of a Masters in Rehabilitation Counseling Program at Ball State University gives us a pool of graduates from which to hire. We will also use interns, as they become available, to encourage employment in BRS.

### Stakeholder Training

BRS staff will continue to do joint training with community rehabilitation program staff. The focus of this training has been person-centered planning in the strategic planning process, performance-based placement, or other topics depending on local need. The emphasis for all training programs will be employment outcomes for people with severe disabilities. Increasing the skill levels of counselors and employment training specialists will result from this continuing training relationship. The establishment of an academy approach to ensure that all personnel who work in the field of rehabilitation have access to training in core competencies is being jointly

developed by BRS and the IIDC. This will result in greater collaboration among these organizations to ensure this need is met through both existing training programs and the sponsorship/development of additional training programs.

### **Personnel to Address Individual Communication Needs**

Describe how the designated state unit has personnel or obtains the services of other individuals who are able to communicate in the native language of applicants or eligible individuals who have limited English speaking ability or in appropriate modes of communication with applicants or eligible individuals.

Every attempt is made to hire staff that is trained to communicate in the native language or mode of communication of customers who access BRS services. Specific VR counselors across the state are designated as RCDs. There are also Counselors who work specifically with individuals who are blind or who are visually impaired. The BRS attempts to fill these positions with staff that have proficiency in American Sign Language or expertise in working with individuals who are blind or visually impaired. Area offices have access to resources to provide materials in alternative formats for individuals who are blind or visually impaired. In addition, we continue to provide funds for RCDs to enable them to pursue sign language training to increase their skills. This same funding can be used, where the need is identified, for foreign language proficiency. Brochures and forms are printed in Spanish. Foreign language interpreters are provided on an as needed basis for VR applicants and customers. VR also employs counseling and supervisory staff who are bi-lingual in Spanish and English. The BRS is committed to making reasonable accommodations for all staff that have disabilities.

### **Coordination of Personnel Development Under the individuals with Disabilities Education Improvement Act**

Describe the procedures and activities to coordinate the designated state unit's comprehensive system of personnel development with personnel development under the Individuals with Disabilities Education Improvement Act.

Coordination with DWD staff, DOE staff, and high school transition programs will continue as joint training is held on transitioning students with disabilities into the workforce statewide. The coordination of services for students is the focus of this training. The IIDC serves as a transition resource to BRS. These activities are Indiana's methods of coordinating with personnel development activities under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.). Training and technical assistance continues to be offered statewide and the targeted audience is parents, students, school officials, BRS professionals, CRP staff, and DWD professionals.

Joint training of DWD staff and BRS staff on the resources each entity has to offer and methods for increasing coordination of services has occurred and will continue. DWD and BRS training

staff share training resources in introductory training of our respective employees, as well as in the provision of training on labor market information.

This screen was last updated on Aug 18 2010 3:02PM by Nancy Zemaitis

**Screen 10 of 17**

**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

**Attachment 4.11(a) Statewide Assessment**

Provide an assessment of the rehabilitation needs of individuals with disabilities residing within the state, particularly the vocational rehabilitation services needs of:

- individuals with most significant disabilities, including their need for supported employment services;
- individuals with disabilities who are minorities;
- individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program; and
- individuals with disabilities served through other components of the statewide workforce investment system.

Identify the need to establish, develop, or improve community rehabilitation programs within the state.

The State plan shall?

(i) include the results of a comprehensive, statewide assessment?describing the needs of individuals with disabilities residing within the State, particularly, the vocational rehabilitation services needs of?

- (I) Individuals with the most significant disabilities, including their need for supported employment services;
- (II) Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title; and
- (III) Individuals with disabilities served through other components of the statewide workforce investment system (other than the vocational rehabilitation program), as identified by such individuals and personnel assisting such individuals through the components;

(ii) include an assessment of the need to establish, develop, or improve community rehabilitation programs within the State; and

(iii) provide that the State shall submit to the Commissioner a report containing information regarding updates to the assessments?..

(i) Results of a comprehensive, statewide assessment.

While Indiana's formal comprehensive statewide needs assessment is conducted every three years, data is gathered on a continuous basis. It is a joint effort of the Bureau of Rehabilitation Services (BRS) and the State Rehabilitation Council (SRC). The Council provides ongoing input, especially in the acquisition of satisfaction data. It also provides input into the development and content of the final report. Council members have an opportunity to review and offer comments prior to the release of the triennial needs assessment. This report of progress reflects the results from the FY 2006-2009 Comprehensive Statewide Needs Assessment, to include FY 2010 activities.

Indiana's 2010 comprehensive statewide needs assessment reflects a synthesis of quantitative and qualitative data addressing the state's overall vocational rehabilitation needs. Although Indiana has a well-developed service delivery system that largely meets the needs of its consumers, there are selected areas where needs are not yet fully met.

This report reflects the input of a mixture of providers and consumers, as well as an analysis of demographic and economic data. The data collection techniques varied as well. They included focus groups, consumer and provider surveys, partner publications and published data. As an addendum to the State annual plan, this assessment focuses on item (1) above.

#### Provider Input.

Providers, including both state staff and partners, were consulted about perceived system needs. Their responses reflect their unique perspectives and experiences. Certainly, there is diversity, but their collective responses serve to inform the state on potential areas for improvement. Their individual input is summarized below.

#### Senior state field staff (region managers).

The region managers oversee the local service delivery system and the state's vocational rehabilitation counselors. In a 2010 focus group meeting, they were asked if there are consumers who are currently underserved and/or needed services not being rendered. It was the general consensus of the region managers that no demographic groups are being underserved in Indiana. However, they felt that there is a need to better serve individuals with autism, and that their vocational rehabilitation counselors are not well-equipped to address the special needs of that population. Additional staff training and resource materials are needed to properly identify and serve consumers with this barrier.

#### State field staff (vocational rehabilitation counselors).

The state vocational rehabilitation counselors are the direct link to the Indiana consumer

population. Through their daily involvement in rendering or accessing services on behalf of the consumer population, they constitute one of the most important input sources for the needs assessment. They were canvassed in early 2010 and asked the following questions:

To your knowledge, are there any groups of eligible individuals being underserved, and In your opinion, are there are any needed services that are not readily available to your consumers?

Thirty counselors responded to this survey. There was no strong agreement on underserved populations. Groups identified by multiple counselors included: Hispanics, rural disabled who lack adequate transportation, individuals with criminal records, and, homeless/transients. Additional possible underserved groups who were identified included individuals with traumatic brain injuries, veterans and minorities.

With respect to needed services, there were several categories identified by the counselors. They included: more/better transportation services (especially in rural areas), improved employment placement services (including individuals skilled with consumers with criminal records as well as consumers with higher educational credentials), stronger mental health treatment providers (who understand the vocational impediments of disabilities), and assorted additional training opportunities.

State field staff (combined).

In addition to the separate inquiries on groups and services which might warrant additional attention mentioned above, field staff were surveyed about their perceived training needs. Responses were obtained from a mix of 44 region managers, area supervisors and vocational rehabilitation counselors. They were asked:

Employment strategies for persons with disabilities: please choose up to five (5) of the employment support strategy topics listed below in relation to your team?s training needs.

The areas most often identified as most important (in order) were:

1. autism spectrum disorders,
2. personality disorders,
3. mental illness and addictions,
4. traumatic brain injuries, and
5. psychopharmacology (medications and side effects).

These responses tend to reinforce the findings from the focus group held with the region managers and the open-ended questions from the survey of the vocational rehabilitation counselors.

Partners.

Questions about perceived training needs were also asked of staff from both mental health centers and community rehabilitation programs. While responses were obtained from a variety of individuals associated with these two groups, the bulk of the responses came from employment services program managers.



From the 15 responses from the mental health center staff, the most frequently cited topics were:

1. thought disorders,
2. mental illness and addiction,
3. personality disorders, and
4. mood disorders.

Certainly, these responses are not surprising considering the special needs of the individuals served at the mental health centers.

Only six responses were gathered from the community rehabilitation program staff, and their chief training need centered on dealing with mental illness and mental retardation/developmental disabilities.

According to the Division of Mental Health and Addiction (?Prevalence of Mental Health and Addiction?), 5.4% of all adults aged 18 and over have a serious mental illness. This represents over 250,000 adult Hoosiers. Of those 23.2% also have addiction disorders. Consequently, the observation from a number of vocational rehabilitation counselors that there is a need for strong mental health treatment providers who understand the vocational impediments of disabilities is supported.

#### Consumer Input.

The Indiana Bureau of Rehabilitative Services continuously surveys its consumers. Traditionally, it has measured customer satisfaction of those individuals who have experienced successful case closures. In 2009, Indiana introduced two enhancements to its data collection scheme. First, in addition to successful case closures, Indiana also began to measure the satisfaction of individuals who had unsuccessful case closures.

Second, in the past, an opportunity was offered to the consumers to share their views, and any narrative responses were distributed to the local offices. The invitation to comment was, ?If you have things to say about your services or how services could be improved, write them on the next page.? This year, Indiana also conducted a content analysis of these narrative responses.

#### Satisfaction statistical analysis.

Over 1900 individuals with successful case closures and over 300 individuals with unsuccessful case closures in 2009 shared their views about their experiences. They were asked to rate their satisfaction on 15 items on a five point scale. The statements included:

It was easy for me to visit my counselor?s office.

I was able to choose the kind of help I got.

I liked the way my counselor treated me.

I got services fast enough from Vocational Rehabilitation.

I would send my friends to Vocational Rehabilitation when they need services.

Among the successful case closures, with the exception of two questions dealing with fringe benefits, the average scores on the remaining questions were all 4.3 or higher out of a possible

five points (where a score of five is ?very good?).

Disregarding the questions related to jobs (as they were inappropriate for this group), among the unsuccessful case closures, the scores ranged from 3.9 to 4.4. For both the successful and unsuccessful case closures, the highest scores were given in response to the statement, ?I liked the way my counselor treated me.? This is a testament to the perceptions shared among Indiana consumers that their counselors are highly regarded regardless of the employment outcomes of the survey respondents.

Nevertheless, outcomes do play a role in the consumer perspective. On every one of the 15 measures, not only were the response patterns statistically significantly different, but the mean scores on every one of the 15 measures were also statistically significantly higher among the successful case closures.

Narrative content analysis.

All survey respondents were given an opportunity to comment on the services they received and provide suggestions on how services might be improved. Although the great majority of all comments from both the successful and unsuccessful respondents was positive, this analysis focuses on those expressing dissatisfaction or offering suggestions for improvement. Looking for perceived weaknesses or needs offers a window to possible program improvements.

Among the successful case closures, the most frequently identified categories were:

counselor/agency staff issues,  
outcome issues and  
program/process issues.

Within the counselor/agency category, a portion viewed their counselor and/or vocational rehabilitation staff negatively (unsupportive, disagreeable, unprepared) or were displeased with the lack of communication. A similar number were unhappy about the outcome achieved. Given that these were successful case closures, this appeared to be somewhat surprising. However, the complaints centered around issues such as part-time jobs, not the job desired, lack of benefits and low pay. The program/process issues were primarily associated with timeliness: too much paperwork, too much time to complete, too long to get help.

Perhaps surprisingly, a virtually identical pattern of comments was uncovered for the unsuccessful case closures, albeit at a correspondingly higher rate. Given that they did not obtain employment, it might be expected that outcomes would have been the primary concern, but counselor/agency staff issues continued to appear most often. In fact, when consumers complained about not getting or keeping a job, it was almost always attributed to the economy, the person's disability/limitations, or their own personal situation.

It merits comment that the number of positive comments received from both the successful and unsuccessful case closures greatly exceeded the number of negative comments. In particular, consumers were frequently delighted with their vocational rehabilitation experience. The

personal connection with their counselors was critically important to consumers' satisfaction. It was by far the most frequently cited reason for satisfaction, which is supported by the statistical analysis mentioned previously.

The next most frequently cited reason for consumer satisfaction was satisfaction with the goods or services they received. Of these, the largest number of consumers specifically mentioned their satisfaction with having received hearing aids.

The third most frequently cited reason for their satisfaction was the outcome achieved. Their on-the-job work performance improved, they liked the job they obtained, or they were able to return to work or maintain their job.

What is particularly instructive about these findings is that it appears to be at least as, if not more, important to develop a positive relationship with the consumer. If the consumer feels that they are being treated well, they will be more likely to be satisfied even if the desired services or outcomes are not acquired. At a time when employment outcomes are more difficult to achieve, this is a valuable finding.

#### Demographic/Economic Data.

Based upon the 2008 Indiana State Department of Health study, "Behavioral Risk Factor Surveillance Survey", 1/5th (19.9%) of the 4900 randomly selected Indiana residents aged 18 or older indicated that they were limited in some way in activities because of physical, mental or emotional problems. Of those indicating that they were retired or unable to work, over 40% acknowledged that they were limited in some way.

Only 7.2% concurred with the statement, "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone?" Nearly a quarter (23.5%) of those indicating they were retired or unable to work were individuals identifying themselves as individuals requiring special equipment.

#### The economic environment.

The current population in Indiana, based on 2008 U.S. Census Bureau estimates, is more than 6.3 million. Fifty-six percent of the population is of working age (21 through 64). Of the working age population, an estimated 486,000 (13.7%) adults have self-reported as diagnosed with a disability. (Rehabilitation Research and Training Center on Disability Demographics and Statistics: "2005 Disability Status Reports," Cornell University.) According to the 2008 "Annual Statistical Report on the Social Security Disability Insurance Program," 5.7% (225,768) of the resident Indiana population aged 18-64 are disabled beneficiaries of Social Security Disability Insurance, Supplemental Security Income or both. Furthermore, Indiana Medicaid eligibility data indicates that over 122,553 are eligible for Medicaid on the basis of disability, which is 10.3% of Indiana's total Medicaid population. (June 2008 data on Medicaid and employment provided by the Family and Social Services Administration Office of Medicaid Policy and Planning, June 14, 2008.)

In December 2009, Indiana's unemployment rate of the general population was reported at 9.9%, closely mirroring the national average of 10.0%. (?Local Area Unemployment Statistics (LAUS)-Not Seasonally Adjusted, Hoosiers by the Numbers,? Indiana Department of Workforce Development, downloaded 03/03/10 from: <http://www.hoosierdata.in.gov>.) The unemployment rate for working age individuals with disabilities hovers around 62%.

In Indiana, an estimated 12.9% of the general population lived in poverty and the median household income was \$48,010 in 2008. (?Indiana IN Depth Profile? downloaded 03/03/10 from: <http://www.stats.indiana.edu/profiles/pr18000.html>.)

Indiana has been severely affected by the national recession. The state has experienced losses exceeding 191,000 jobs between December 2007 and December 2009. (Hoosiers by the Numbers: Current Employment Statistics (CES) - Seasonally Adjusted downloaded 03/03/10 from: <http://www.hoosierdata.in.gov>.) Nevertheless, job openings continue to occur. It is anticipated that more than 1100 openings will exist annually in Indiana over the next decade for each of the following (from most to least): registered nurses, truck drivers (heavy and tractor-trailer), sales representatives (wholesale and manufacturing), and bookkeeping, accounting and auditing clerks. (?Hoosier Hot 50 Jobs? data downloaded 03/03/10 from: <http://www.in.gov/dwd/2383.htm>.)

Current service levels.

A large number of individuals with disabilities pursue entry into the workforce system through the assistance of Indiana's Bureau of Rehabilitation Services (BRS). In Fiscal Year 2009, BRS processed 16,716 applications, developed 9,525 Individualized Plans for Employment (IPE), achieved 4,020 successful closures, and had 18,483 active cases. The placement rate for employment services was 17% for all active cases in program year 2009.

The current distribution of Indiana consumers by primary impairment group appears in the list below. (IRIS data extract: 03/03/10.) Mental illness, physical disabilities and developmental disabilities/autism are the three most frequent primary impairments faced by Indiana vocational rehabilitation consumers.

#### Populations Served in FY09 by Primary Impairment Group

Blindness: 829  
Other Visual: 1,382  
Deafness, Com Visual: 487  
Deafness, Com Auditory: 194  
Hearing, Com Visual: 194  
Hearing, Com Auditory: 2,634  
Other hearing: 211  
Deaf-Blindness: 13  
Communicative: 666  
Mobility: 3,215  
Dexterity: 1,314

Mobility & Dexterity: 1,777  
Orthopedic: 2,456  
Respiratory: 748  
General Physical: 3,067  
Other Physical: 3,492  
Cognitive: 13,643  
Psychosocial: 12,891  
Other Mental: 4,802

According to the Indiana Institute on Disability and Community, of the 9,811 individuals with disabilities receiving day and employment services (representing 50 of Indiana's 65 community rehabilitation programs), 64% had a primary disability label of mental retardation/developmental disability. In addition, 61% were also identified as having a secondary disability that impacts or impedes their daily life activities.

? Individuals with most significant disabilities and their need for supported employment (SE) services:

Indiana has devoted exceptional attention to providing supported employment to individuals with most significant disabilities. In addition to the over \$510,000 Title VI funds invested in supported employment in FFY2009, the State authorized over \$14 million for supported employment from its basic VR operating grant on behalf of 969 individuals with most significant disabilities. To address the continued need, BRS is devoting a portion of the ARRA funds towards this population as well.

? Individuals with disabilities who are minorities:

Data is not generally available for the number of individuals with disabilities disaggregated by demographic traits. However, using U.S. Census Bureau data available from the American Community Survey (2006-2008) along with survey response data contained in the 2008 Indiana Health Behavior Risk Factors Report, we can estimate the number of disabled individuals who would fall into each category. With those estimates, we can compare Indiana service levels to the estimated levels to ascertain if there are any apparent significant disparities.

Beginning with age, it is clear that Indiana is serving a disproportionate share of young adults age 18 ? 24. This is neither surprising nor undesirable. With Indiana's emphasis on transition programs, aggressively serving this consumer population is an excellent strategy. Successful employment outcomes for this demographic group can pay huge dividends over time.

Although the disabled population in Indiana closely mirrors the general population on race/ethnicity, vocational rehabilitation slightly overserves non-Hispanic Blacks and slightly underserves Hispanics and other racial groups. However, the disparities are sufficiently small that they do not appear to constitute a material issue. Indiana is paying close attention to its performance on federal performance indicator 2.1 (the ratio of minority service rate to non minority service rate. The federal goal is to achieve a minimum rate of .80, which Indiana accomplished the previous two years. The rate held steady in FY'08 and FY'09, when it was .83

and .824, respectively. Through July, 2010, the rate was .736. On gender, a significant difference appears to exist in the rates of service to males and females. However, this is likely due to the heavier presence of males in the workforce. Again, this does not seem to be a significant programmatic issue.

? Individuals with disabilities who have been unserved or underserved by the VR program:

As demonstrated in the table below, Indiana consistently addresses the needs of individuals with disabilities in Indiana. Indiana's BRS service levels tend to exceed the presence of individuals with disabilities in the disabled and general populations. These findings are consistent with the feedback of the state staff in response to the question, "To your knowledge, are there any groups of eligible individuals being underserved?" No single subgroup was identified by the knowledgeable individuals who are closest to the consumers.

#### Comparative Service Levels

##### Age - Indiana BRS Service Levels\* (Total/Percent)

18 ? 24: 6,864/33.2

25 -65: 13,358/64.5

Over 65: 483/2.3

Total 18 ? 64: 20,705

##### Age ? Estimated Indiana Disabled\*\* (Total/Percent)

18 ? 24: 67,980/7.8

25 -65: 565,360/64.8

Over 65: 239,060/27.4

Total 18 ? 64: 872,400

##### Age ? Indiana General Population (Total/Percent)

18 ? 24: 606,975/12.8

25 -65: 3,349,025/70.5

Over 65: 796,850/16.8

Total 18 ? 64: 4,752,850

##### Race/ethnicity- Indiana BRS Service Levels\* (Total/Percent)

White, non-Hispanic: 17,199/83.1

Black, non-Hispanic: 2,811/13.6

Other/multiracial, non-Hispanic: 321/1.6

Hispanic: 374/1.8

Total: 20,705

##### Race/ethnicity- Estimated Indiana Disabled\*\*

White, non-Hispanic: 1,035,050/82.1

Black, non-Hispanic: 119,830/9.5

Other/multiracial, non-Hispanic: 48,280/3.8

Hispanic: 57,100/4.5

Total; 1,260,260

Race/ethnicity- Estimated Indiana Disabled\*\*

White, non-Hispanic: 5,279,016/83.3

Black, non-Hispanic: 541,687/8.5

Other/multiracial, non-Hispanic: 197,602/3.1

Hispanic: 317,290/5.0

Total: 6,335,595

Gender -Indiana BRS Service Levels\* (Total/Percent)

Male: 11,307/54.6

Female: 9,398/45.4

Total: 20,705

Gender- Estimated Indiana Disabled\*\*

Male: 536,270/42.6

Female: 723,990/57.4

Total: 1,260,260

Gender - Estimated Indiana Disabled\*\*

Male: 3,117,843/49.2

Female: 3,217,752/50.8

Total: 6,335,595

\*Indiana IRIS data

\*\*2008 Indiana Health Behavior Risk Factors Report: "Are you limited in any way in any activities because of physical, mental or emotional problems?"

\*\*\*American Community Survey

? Individuals with disabilities served through other components of the statewide workforce investment system:

Indiana has developed strong collaborative relationships with other components of the statewide workforce investment system. Select BRS local offices are co-located with WorkOne centers and other human service programs throughout the state, including BDDS. This has resulted in significant cost savings, from the costs of rent to the costs of copying equipment to the costs of communication devices.

The cost savings are important, but only a part of the benefit to the system. Being able to closely coordinate service delivery on behalf of common consumers results in more efficient service delivery which benefits both the consumers and the service providers.

? The need to establish, develop or improve community rehabilitation programs within the state:

Over the past three years, Indiana has invested significant resources in easing the transition of

youth from school to work. This focus on transition services has involved school corporations, classroom teachers, special education teachers, school counselors, special education directors, community rehabilitation program (CRP) staff and vocational rehabilitation (VR) staff. The State has also invested in training contracts with the SECT Center to foster interaction with community mental health centers and with IIDC to increase communication between BRS and all CRP staff.

## Conclusions.

The Indiana Bureau of Rehabilitation Services is a well-developed, mature service delivery system that largely meets the needs of its consumer community. There are no significant gaps in either the populations in need of services nor the variety of needed services. However, there are specific areas that can be enhanced.

**Targeted populations.** Among target populations, there is a perception that there is a need to better serve individuals with autism and that Indiana vocational rehabilitation counselors are not well-equipped to address the special needs of that population. The need does not appear to be associated with under serving that population, rather it appears to be related to staff training needed to properly serve those consumers.

**Services.** Transportation and timeliness issues were identified by counselors and consumers as particular barriers. Particularly in the state's rural areas, counselors identified transportation as a hurdle for their consumers. Somewhat surprisingly, consumers did not. Conversely, consumers identified timeliness and paperwork as issues for them, while the counselors did not.

**Outcomes and the economy.** Employment outcomes are a key issue for all parties in the vocational rehabilitation system. It is a key measure by which the service delivery system is evaluated. The counselors recognize a need for better placement services, while the consumers desire improved outcomes. Certainly, the consumers who were unsuccessful case closures are more likely to express concerns about their lack of employment, but even the successful case closures often were dissatisfied with some aspect of their jobs (too few hours, too low pay, lack of fringe benefits). This area is particularly challenging. Current adverse economic conditions compound the challenges of overcoming the barriers that individuals with disabilities face. As suggested by Indiana vocational rehabilitation counselors, improved employment placement services are highly valued.

In conclusion, addressing these areas of need will enable the Indiana Bureau of Rehabilitation Services to achieve its goals of assisting individuals with physical or mental impairments that serve as substantial impediments to employment. It will help individuals as they prepare for, enter, engage in, or retain an employment outcome consistent with their abilities, capacities, career interests and informed choice.

(ii) An assessment of the need to establish, develop, or improve community rehabilitation programs within the State

Indiana currently has a Purchase of Service Agreement with 88 community rehabilitation



programs across the state. There is not a need to establish any more providers, however, employment programs can be improved through training opportunities.

BRS staff will continue to do joint training with community rehabilitation program staff. The focus of this training has been person-centered planning in the strategic planning process, performance-based placement, or other topics depending on local need. The emphasis for all training programs will be employment outcomes for people with severe disabilities. Increasing the skill levels of counselors and employment training specialists will result from this continuing training relationship. The establishment of an academy approach to ensure that all personnel who work in the field of rehabilitation have access to training in core competencies is being jointly developed by BRS and the IIDC. This will result in greater collaboration among these organizations to ensure this need is met through both existing training programs and the sponsorship/development of additional training programs.

(iii) provide that the State shall submit to the Commissioner a report containing information regarding updates to the assessments?..

Indiana, each year, with the state plan submission, will submit a report containing information on assessments that have been updated. Indiana will conduct the next comprehensive, statewide assessment from 2010 -2012.

This screen was last updated on Aug 18 2010 2:40PM by Nancy Zemaitis

**Screen 11 of 17**

## **State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

### **Attachment 4.11(b) Annual Estimates**

- Identify the number of individuals in the state who are eligible for services.
- Identify the number of eligible individuals who will receive services provided with funds under:
  - Part B of Title I;
  - Part B of Title VI;
  - each priority category, if under an order of selection.
- Identify the cost of services for the number of individuals estimated to be eligible for services. If under an order of selection, identify the cost of services for each priority category.

The estimated number of individuals in the state of who are eligible for services is 486,000. This is based on the percentage of working-age people in Indiana with a disability from the 2006 Indiana population estimate from the U.S. Census Bureau. The U.S. Census Bureau disability data is self-reported. Based on the definition of disability by the American Community Survey (ACS) it is possible that the number of individuals reporting disabilities may be higher than the actual number of individuals who would qualify for assistance from BRS.

The 2005 ACS definition of disability is based on three questions:

- (1) Does this person have any of the following long-lasting conditions: blindness, deafness, or a severe vision or hearing impairment, and (b) a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?
- (2) Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: (a) learning, remembering, or concentrating, and (b) dressing, bathing, or getting around inside the home?
- (3) Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: (a) going outside the home alone to shop or visit a doctor's office, (b) working at a job or business?

#### Projected FFY11 Expenditures:

Total projected costs for FFY11 equals \$86,999,515 (\$62,639,650 client services plus \$24,359,865 Administrative)

Projected case service costs for FFY2011 equals \$62,639,650. \$4,515,350 will be covered through ARRA funds, \$516,185 will be funded through Title VI-B, leaving \$57,608,115 of Title I funds (federal and state combined) needed to meet projected client services costs for FFY11.

Projected Admin costs equal \$24,359,865. \$3,010,000 of Administrative costs will be covered through ARRA funds, leaving \$21,349,865 of Title I funds (federal and state combined) needed to meet projected administrative costs for FFY11.

#### Actual Available FFY11 Funds:

BRS analyzed projected costs compared to actual available funds for FFY11. Figures for available funds are based on an anticipated reduction in BRS' state allocation. After the start of FFY10, all state programs including BRS took a budget reduction. For BRS this reduction was approximately \$1.3 million in state funds, which reduced the overall budget by \$6,103,286 (\$1,300,000 state match plus \$4,803,286 federal Title I grant). BRS is anticipating the same budget reduction to take place after the start of FFY11. With this reduction, BRS will be unable to meet all projected expenses with a shortfall of approximately \$10.5 million.

Actual available funds (with projected \$1.3M reduction) for FFY11 equals \$76,462,727 (\$14,573,714 state plus \$53,847,478 Title I plus \$516,185 Title VI-B plus \$7,525,350 ARRA).

Projected costs of \$86,999,515 minus (-) available funds of \$76,462,728 equals a deficit of \$10,536,787 for FFY11. BRS anticipates a significantly larger shortfall in FFY12 due to the end

of ARRA funds. Under this reduced budget, \$55,053,164 is available for client services (\$50,021,629 Title I funds plus \$4,515,350 ARRA plus \$516,185 Title VI-B), and \$21,409,564 is available for administration costs (\$18,399,564 Title I funds plus \$3,010,000 ARRA).

BRS anticipates serving 20,166 individuals with Title I funds, 1,845 individuals with ARRA funds and 211 individuals with Title VI-B funds. This equals a total number served of 22,222. The number served and average cost of services for ARRA funds is calculated the same as Title VIB (\$4,515,350 divided [/] by \$2,447 equals 1,845) .

Indiana anticipates serving 9385 consumers who are MSD at an average cost of \$2,447 per consumer, for a total cost of \$22,966,064

Indiana anticipates serving 10,632 consumers who are SD at an average cost of \$2,650 per consumer, for a total cost of \$28,174,834.79

Indiana anticipates serving 2204 consumers who are NSD at an average cost of \$1,710 per consumer, for a total cost of \$3,769,607.19

NOTE: The figures below are calculated based on spending and distribution across the three categories based on prior year actual costs. At any point in time there are applicants whose severity category has not yet been determined. The funds spent on these individuals are approximately \$142,658 or .002% of the total funding. The total amount of case service funds used for the calculations is \$55,053,164 minus \$142,658 equals \$54,910,506.

Category	Title I or Title VI Funds	Estimated Number to be Served	Average Cost of Services
Part B of Title I (federal & state match combined)	\$50,021,629	20,166	\$2,480
Part B of Title VI	\$516,185	211	\$2,446
			—
			—
			—
			—
			—
			—
			—
Totals	\$50,537,814	20,377	\$2,480

This screen was last updated on Aug 18 2010 2:41PM by Nancy Zemaitis

**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

**Attachment 4.11(c)(1) State Goals and Priorities**

The goals and priorities are based on the comprehensive statewide assessment, on requirements related to the performance standards and indicators, and on other information about the state agency. (See section 101(a)(15)(C) of the Act.) This attachment should be updated when there are material changes in the information that require the description to be amended.

- Identify if the goals and priorities were jointly developed and agreed to by the state VR agency and the State Rehabilitation Council, if the state has a council.
- Identify if the state VR agency and the State Rehabilitation Council, if the state has such a council, jointly reviewed the goals and priorities and jointly agreed to any revisions.
- Identify the goals and priorities in carrying out the vocational rehabilitation and supported employment programs.
- Ensure that the goals and priorities are based on an analysis of the following areas:
  - the most recent comprehensive statewide assessment, including any updates;
  - the performance of the state on standards and indicators; and
  - other available information on the operation and effectiveness of the VR program, including any reports received from the State Rehabilitation Council and findings and recommendations from monitoring activities conducted under section 107.

The goals and priorities as outlined below were developed in concert with the State Rehabilitation Council (SRC) (Indiana's Commission on Rehabilitation Services). To enable the SRC to provide meaningful feedback and suggestions, each Commission meeting includes a BRS Director's Update to ensure that they remain informed throughout the year.

Identify if the state VR agency and the State Rehabilitation Council, if the state has such a council, jointly reviewed the goals and priorities and jointly agreed to any revisions.

The SRC participates in a state plan development meeting at the beginning of each year to work with key BRS staff who are developing specific state plan documents. This meeting includes review of the Goals and Priorities state plan attachment. As the state plan undergoes various stages of revision, it continues to be shared with the SRC as well as BRS staff. Prior to public hearings, each Commission member receives the draft state plan and is asked to provide feedback. A representative from the Client Assistance Program (CAP) is represented on the SRC.

Ensure that the goals and priorities are based on an analysis of the following areas: the most recent comprehensive statewide assessment, including any update-s; the performance of the state on standards and indicators; and other available information on the operation and effectiveness of the VR program, including any reports received from the State Rehabilitation Council and findings and recommendations from monitoring activities conducted under section 107.

Input from CRPs, and other key stakeholders is also considered in development of goals and priorities. Additionally, all information from assessments, appeals, and public input guides BRS in developing the Goals and Priorities.

Identify the goals and priorities in carrying out the vocational rehabilitation and supported employment programs.

## **AGENCY GOAL: TO INCREASE THE NUMBER OF PEOPLE WITH DISABILITIES IN INTEGRATED, COMPETITIVE EMPLOYMENT**

**OBJECTIVE A:** Indiana BRS will increase the quantity and quality of job placements.

Priority 1. BRS will continue with Corporate Job Development initiatives and expansion of Project SEARCH. The Employment Advisory group will continue to provide a focal point for communications, effectiveness and economy of resources. This includes partnering with the National Vocational Rehabilitation Business Network.

Measure: In 2011, Indiana will have at least 10 fully implemented Project SEARCH sites statewide. 60 students will obtain work experience through Project SEARCH. Indiana will add 15 new business partnerships resulting in 20 employment opportunities. It should be noted that Indiana public school budgets, based on public revenue, have decreased in the past few years. This will most likely impact support for Project SEARCH.

Priority 2. Indiana's Medicaid Infrastructure Grant (MIG) is being managed by BRS, in partnership with Indiana's Medicaid Office. The MIG supports activities that enhance employment opportunities and remove barriers to employment for individuals with disabilities. Indiana was recently awarded a Comprehensive MIG Grant of \$1.4M for 2010. Indiana's MIG supports the Work Incentives Planning and Assistance (WIPA) Programs and Indiana's Benefits Information Network (BIN), asset development and financial literacy training, statewide Business Leadership Networks (BLNs), BRS's Corporate Job Development Initiatives, and Project SEARCH. Additionally, Indiana is participating in a National Marketing Campaign, a collaborative effort with MIG grantee States to increase recruitment and hiring of individuals with disabilities.

Measure: Measure: In 2011 Indiana will have at least 200 certified BIN Liaisons with 30%, or 28 of the 92 CRPs having an Advanced Tier 2 BIN Liaison. Additionally, Indiana will have eight (8) statewide BLNs fully operating.

Priority 3. BRS will continue with School to Work transition partnerships.

Measure: In 2011 Indiana will increase number of transition aged applicants by 2% (106) over FFY2009 (goal of 5284).

Priority 4. BRS will continue to work closely with the Blind and Visually Impaired Services through the Business Enterprise Program (BEP) to expand employment opportunities.

Measure: In 2011 the gross sales/average wages of vendors will be an increase from FFY2009 (\$47,822 plus \$1).

Priority 5. BRS will work closely with advocacy groups representing blind and visually impaired consumers to improve the quantity and rehabilitation rate of employment outcomes.

Measure: In 2011 BRS will increase the number of successful rehabilitants by 2% (increase of 7 for 354 rehabilitants) from 2009 (347).

Priority 6. BRS will Partner with Community Rehabilitation Programs with the Ticket to Work.

Measure: At least 75%, or 69 of 92 CRPs will become local Employment Networks (ENs) by the end of FFY 2011.

Priority 7. BRS will implement a Performance Improvement Plan designed to improve performance indicators 1.1., 1.2, 1.6: number of rehabilitants, rehabilitation rate, and difference in primary source of income between application and closure.

Measure: BRS will meet or exceed standards 1.1 and 1.2 by the end of FFY 2011.

OBJECTIVE B: BRS will collaborate with state and local partner agencies that also serve individuals with disabilities in order to provide a seamless delivery system.

Priority 1. BRS, in cooperation with the Bureau of Developmental Disabilities Services (BDDS), will establish a seamless service delivery system for customers transitioning from BRS Services to Supported Employment Follow-Along (SEFA) services.

Measure: Measure: By the end of FFY 2011, BRS and BDDS establish the process by which individuals will transition from one program to another for customers requiring supported employment follow-along (SEFA) services. (this goal will be deleted in FFY2012)

Priority 2: BRS will increase utilization of real time deaf interpreter services via Video Remote Interpreting (VRI).

Measure: By the end of FFY 2011, at least 2 colleges/universities will utilize VRI for consumers.

OBJECTIVE C: The BRS program administration will function effectively and efficiently, supporting all aspects of the program.

Priority 1. BRS will continue the refinement of the automated case management system by evolving to a fully paperless system.

Measure: By the end of FFY 2011 all document imaging of VR casefiles and related personnel training will be completed.

Priority 2. Through the Leadership Academy, BRS will provide training to staff to enable them to provide superior services to their consumers. This will include specialized training to serve individuals who are deaf/hearing impaired, blind/visually impaired and individuals suffering from a traumatic brain injury.

Measure: By the end of FFY2011, BRS will have training modules developed and/or updated for Counselor orientation, core level courses, specialty and advanced courses.

Priority 3. BRS will ensure all field staff are adequately training and oriented to BRS's new business model (the virtual office environment). BRS will ensure that staff have the tools to do their jobs. This includes resource allocation and maintenance of equitable caseload size among BRS Counselors.

Measure: By the end of FFY 2011, 100% of all BRS Counselors working in virtual office environment will receive necessary equipment including laptops, aircards, cellphones, etc.

Priority 4. BRS will establish and implement innovative, stratified, state-local coordinated systems of support for individuals with Traumatic Brain Injuries (TBI). Activities supported through the TBI grant will seek to establish an infrastructure, involving relevant state agencies, through which Resource Facilitation services will be utilized to increase employment outcomes for individuals with TBI. This project is for individuals aged 15 through 19, living in rural areas, and with lower socioeconomic status.

Measure: By March 31, 2012 (grant termination date) 60% of 300 people with TBI will return to work or school within one year after their discharge from acute inpatient rehabilitation.

Priority 5. BRS will work to increase fiscal resources by maximizing reimbursement through SSA/VR

Measure: BRS seeks to improve reimbursement levels by 5% (\$1,224,041) from 2009 (\$1,165,753).

Priority 6. BRS will continue to improve program and fiscal accountability and federal reporting. BRS will require technical assistance from RSA and TACE.

Measure: BRS will develop a plan to improve fiscal accountability and federal reporting through collaboration between financial management and DDRS controller by end of CY2010. We will also dedicate at least one employee to fiscal management and federal reporting issues by the end of CY2010.

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**Attachment 4.11(c)(3) Order of Selection**

- Identify the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services.
- Identify the justification for the order.
- Identify the service and outcome goals.
- Identify the time within which these goals may be achieved for individuals in each priority category within the order.
- Describe how individuals with the most significant disabilities are selected for services before all other individuals with disabilities.

**Justification for order of selection**

The Indiana Division of Disability and Rehabilitative, Bureau of Rehabilitation Services (BRS), estimates that BRS' available and projected resources will not be adequate to ensure the provision of the full range of vocational rehabilitation services, appropriate, to all eligible individuals in the federal fiscal year 2011.

Consequently, the BRS Director will declare the implementation of an Order of Selection for services statewide effective FY2011. All priority categories will be served until an evaluation, during the course of the year, indicates that the available resources will not be adequate to provide assessment services to all applicants and the full range of services to eligible individuals in an equitable and expeditious manner. The Policy and Procedure Manual will be revised to reflect the information in this state plan attachment and due diligence given to the RSA recommendation that Indiana BRS review the existing functional capacity categories. Training then will be developed/implemented for all staff.

The "General Fund Revenue Forecast Update" was presented to the Indiana Legislative State Budget Committee on December 15, 2009. (Source: <http://www.in.gov/sba/2489.htm>, from the State Budget Agency Website.) This report stated that there has been "Unprecedented economic volatility and uncertainty" and "Unprecedented decline in state revenues". In fact, there was an 11.6% decrease in revenues from the prior reporting period to the current reporting period.

In fiscal year 2010 BRS experienced a .085 decrease to the state appropriated funds used for the



match (21.3%) for federal funds (78.7%). This decrease was part of the overall budget reduction effort. It is projected that state agency programs will be subject to the same reduction in 2011. BRS has been experiencing a regular increase in expenditures since fiscal year 2007, but has been able to meet expenses with its federal and state budgeted allotment. However, in fiscal year 2010, because of the decrease to appropriations, funds were not sufficient to cover the cost of all individual receiving services, provide assessment services to all individuals who apply for services, and, provide services to all individuals determined to be eligible, while meeting all of its program requirements. BRS terminated or reduced contracted services to ensure adequate funds for customer services. It is projected that this shortfall will continue into fiscal year 2011.

An analysis of the current reporting year (10/1/2008 to 9/30/09) to the prior year (10/1/2007 to 9/30/08) reflects that the total amount of encumbrances (authorizations for services) written increased by 11%. The total amount of warrants written (paid services) increased by 6%.

In order to obtain an even more current analysis of the encumbrances and warrants written, an analysis of a more recent period of time was done. Ten months of FFY2010 expenditures (case service) equal \$50,806,682, plus current unliquidated obligations, result in total anticipated expenditures for FFY2010 of \$62,639,650. This is an increase of 16.5% from FFY2009 expenditures. A comparison of a sample of case service expenditures reflects that high cost items such as Training College or University, has increased 14% from FFY2008 to FFY2009, with an additional increase in FFY2010 of at least 6.5%.

BRS continues to institute concrete measures to control spending, including:

- . Anticipated use of stimulus funds (ARRA) to support case services (supported employment)
  - o Estimated start date, July 1, 2010
- . Use of ARRA funds to support necessary upgrades to the automated case management system
  - o Start date July 1, 2010
- . Cancellation of non-essential contracts
  - o Start date, March, 2010
- . Reduction, by a minimum of 10%, other contracts
  - o Start date, April, 2010
- . Review of individual case files to ensure that all services that have been authorized (encumbered) continue to be necessary, if not, cancellation of those services
- . Combination of multiple interpreter service contracts into one, resulting in a gross annual savings of approximately \$750,000.

However, even with these measures in place, BRS anticipates, due to the unprecedented decline in state revenues by at least 11.6% and the trending increase in the case service costs over the past two years that an Order of Selection must be available for FFY2011. As this is the first year for OOS, BRS anticipates that the preparation for full implementation will take a minimum of three to six months. This will include updating the electronic case management system and updating the policy and procedure manual. The implementation will also include the development of training modules to be incorporated into the leadership academy and training of all staff across the state. Therefore, it is anticipated that all procedures will be in place to invoke the OOS by the end of the second quarter.

In addition, Indiana has done a review of the staffing plan. Currently the ratio of a vocational rehabilitation counselor to consumers is 1:128. BRS administration believes that a counselor-consumer ratio of no more than 1:120 is necessary to maintain efficient caseload management. Indiana is currently running above this ratio. We would currently need an additional 11 VR Counselors (172 VR Counselor positions total) to reach the 1:120 ratio. As the number of applications and eligible consumers continue to rise, the number of staff needed to meet consumer needs will increase as well.

10% of the BRS staff retired in May, 2009. At this point, BRS lost 4 counselor positions on the manning table. Clerical positions were not filled, however due to the transition to virtual office, not all of the clerical positions need to be filled. We have consistently hired 20-24 new counselors per year due to retirements and turnover. Over the next five years we will need to fill additional vacancies due to an increased number of employees reaching retirement age. Indiana continues to have only one university offering a graduate program in Rehabilitation. Approximately 60 VR staff will be eligible for retirement during FFY11; at least 30 of these staff have already given a verbal confirmation that they will retire by 5/31/2011.

#### Projected FFY11 Expenditures:

Total projected costs for FFY11 equals \$86,999,515 (\$62,639,650 client services plus \$24,359,865 Administrative).

Projected case service costs for FFY2011 equals \$62,639,650 \$4,515,350 will be covered through ARRA funds, \$516,185 will be funded through Title VI-B, leaving \$57,608,115 of Title I funds (federal and state combined) needed to meet projected client services costs for FFY11.

Projected Admin costs equals \$24,359,865. \$3,010,000 of Administrative costs will be covered through ARRA funds, leaving \$21,349,865 of Title I funds (federal and state combined) needed to meet projected administrative costs for FFY11.

#### Actual Available FFY11 Funds:

BRS analyzed projected costs compared to actual available funds for FFY11. Figures for available funds are based on an anticipated reduction in BRS' state allocation. After the start of FFY10, all state programs including BRS took a budget reduction. For BRS this reduction was approximately \$1.3 million in state funds, which reduced the overall budget by \$6,103,286 (\$1,300,000 state match plus \$4,803,286 federal Title I grant). BRS is anticipating the same budget reduction to take place after the start of FFY11. With this reduction, BRS will be unable to meet all projected expenses with a shortfall of approximately \$10.5 million.

Actual available funds (with projected \$1.3M reduction) for FFY11 equals \$76,462,727 (\$14,573,714 state plus \$53,847,478 Title I plus \$516,185 Title VI-B plus \$7,525,350 ARRA).

Projected costs of \$86,999,515 minus (-) available funds of \$76,462,728 equals a deficit of \$10,536,787 for FFY11. BRS anticipates a significantly larger shortfall in FFY12 due to the end

of ARRA funds. Under this reduced budget, \$55,053,164 is available for client services (\$50,021,629 Title I funds plus \$4,515,350 ARRA plus \$516,185 Title VI-B), and \$21,409,564 is available for administration costs (\$18,399,564 Title I funds plus \$3,010,000 ARRA).

BRS anticipates serving 20,166 individuals with Title I funds, 1,845 individuals with ARRA funds and 211 individuals with Title VI-B funds. The equals a total number served of 22,222. The number served and average cost of services for ARRA funds is calculated the same as Title VIB (\$4,515,350 divided [/] by \$2,447 equals 1,845) .

Indiana anticipates serving 9,385 consumers who are MSD at an average cost of \$2,447 per consumer, for a total cost of \$22,966,064

Indiana anticipates serving 10,632 consumers who are SD at an average cost of \$2,650 per consumer, for a total cost of \$28,174,834.79

Indiana anticipates serving 2,204 consumers who are NSD at an average cost of \$1,710 per consumer, for a total cost of \$3,769,607.19

### **Description of Priority categories**

Individuals will be served in the following order of priority under the Order of Selection once there is a sufficient amount of resources:

A. Priority Categories.

Priority Category 1: Individuals determined to have a most significant disability (MSD);

Priority Category 2: Individuals determined to have a significant disability (SD); and,

Priority Category 3: Individuals determined to have a non-significant disability (NSD).

MSD - - individual with a most significant disability:

(1) who has a severe physical or mental disabilities that seriously limits two or more functional capacities (communication, interpersonal skills, mobility, self care, self direction, work skills, and work tolerance) in terms of an employment outcome,

(2) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time, and

(3) who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and priority for services or a comprehensive assessment of vocational rehabilitation needs to cause comparable substantial functional limitation.

(4) who is presumed to be able to benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

SD - - individual with a significant disability:

- (1) who has a severe physical or mental disability that seriously limits one functional capacity (communication, interpersonal skills, mobility, self care, self direction, work skills, and work tolerance) in terms of an employment outcome,
- (2) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time, and
- (3) who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and priority for services or a comprehensive assessment of vocational rehabilitation needs to cause comparable substantial functional limitation.
- (4) who is presumed to be able to benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

NSD - - individual with a non-significant disability:

- (1) who has a physical or mental disability,
- (2) whose disability constitutes or results for the individual in a substantial impediment to employment, and
- (3) who is presumed to be able to benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

#### B. Basis for Order of Selection ? Prohibited Factors

The Order of Selection shall not be based on any other factors, including:

- (1) Any duration of residency requirement, provided the individual is present in the State;
- (2) Type of disability;
- (3) Age, gender, race, color, or national origin;
- (4) Source of referral;
- (5) Type of expected employment outcome;
- (6) The need for specific services or anticipated cost of services required by an individual; or
- (7) The income level of an individual or an individual's family.

#### **Priority of categories to receive VR services under the order**

In the implementation of the Order of Selection, BRS will continue to provide services to all individuals who are already receiving services under an approved Individualized Plan for Employment. BRS will continue to provide quality services by using our human resources. The

Order shall in no way affect the provision of authorization of diagnostic or evaluative services needed to determine eligibility.

Individuals applying for services in FFY2011 will be interviewed and their eligibility determined. Eligible individual's names will be placed on a deferred list as necessary, and when financial resources are available, first priority will be given to individuals determined most significantly disabled, second priority to those individuals determined significantly disabled and third priority to those determined non-significantly disabled. Rationale for placement into a particular priority will appear in the individual's case file. The electronic case management system will be utilized to manage the deferred list.

Each individual placed on a deferred list will be notified in writing of the priority categories, his or her assignment to a particular priority category classification and any reclassifications due to a change in the individual's circumstances or due to any misclassifications. The individual will also be informed of his or her right to appeal the category assignment through informal or formal review and of the availability of assistance from the Client Assistance Program.

Assignment of referrals will be in chronological order by date of referral. Assignment of eligible individuals from a deferred service list will be in chronological order by priority category and date of application. Individuals on a deferred service list will be periodically informed of their status on the deferred service list.

Individuals who do not meet the Order of Selection criteria for receiving VR services will be provided:

1. VR information and guidance (which may include counseling and referral for job placement) using appropriate modes of communication to assist them in preparing for, securing, retaining, or regaining employment.
2. Referral to other appropriate Federal and/or State programs, including programs carried out by other components of the Statewide Workforce Investment System, best suited to address the specific employment needs of the individual.

All funding arrangements for providing services shall be consistent with the Order of Selection. If any funding arrangements are inconsistent with the Order of Selection, BRS shall renegotiate those funding arrangements so that they are consistent with the Order of Selection.

### **Service and outcome goals and the time within which the goals will be achieved**

NOTE: The figures below are calculated based on spending and distribution across the three categories based on prior year actual costs. At any point in time there are applicants whose severity category has not yet been determined. The funds spent on these individuals are approximately \$142,658 or .002% of the total funding. The total amount of case service funds used for the calculations is \$55,053,164 minus \$142,659 equals \$54,910,506.

Projections for the period October 1, 2010 through September 30, 2011 (Based upon the 2009

successful closures plus 1 equals 4021):

A. Order of Selection Category: Most significant disability

1. Projected number to be served: 9385
2. Projected percentage of total rehabilitations: 34.7%
3. Projected number of rehabilitations: 1395

Order of Selection Category: Significant disability

1. Projected number to be served: 10,632
2. Projected percentage of total rehabilitations: 40.8%
3. Projected number of rehabilitations: 1641

Order of Selection Category: Non-Significant disability

1. Projected number to be served: 2204
2. Projected percentage of total rehabilitations: 24%
3. Projected number of rehabilitations: 965

Although the timeline varies significantly with each individual, it is estimated that the average number of months to reach an employment outcome for:

. Most significant disability: 19 months

. Significant disability: 24 months

. Non-Significant disability: 11 months

Priority Category	Number of individuals to be served	Outcome goals 26s	Outcome goals 28s	Time within which goals are to be achieved	Cost of services
1	9,385	1,395	2,224	19 months	
2	10,632	1,641	2,339	24 months	
3	2,204	965	240	11 months	
4					
5					
6					
7					
8					
9					
10					

This screen was last updated on Aug 18 2010 2:41PM by Nancy Zemaitis

**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

**Attachment 4.11(c)(4) Goals and Plans for Distribution of Title VI, Part B Funds**

Specify the state's goals and priorities with respect to the distribution of funds received under section 622 of the Act for the provision of supported employment services.

BRS will purchase Supported Employment (SE) services for consumers with most significant disabilities (MSD), with the funds received under section 622 of the Rehabilitation Act Amendments of 1998 based upon the plan previously submitted. Consumers will be able to access SE services through Community Rehabilitation Programs (CRPs), which include Community Mental Health Centers (CMHCs) across the state. It should be noted that SE services, if appropriate for the individual's plan for employment, are provided through Title I funds as well as Title VI B funds.

Supported employment services include:

1. Any specialized assessment to supplement a comprehensive assessment of rehabilitation needs.
2. The provision of skilled job trainers who accompany the individual for intensive job skill training at the work site;
3. Job development and placement;
4. Social skills training;
5. Regular observation or supervision of the consumer;
6. Follow-up services including regular contact with consumer, employer, the parents, family members, guardians, advocates or authorized representatives of the consumer, and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement;
7. Facilitation of natural supports at the worksite;
8. Any other service identified in the scope of VR services for consumers; or,
9. Any service similar to the foregoing services. Indiana has established two goals for its SE program.

Those goals and their attendant performance criteria are:

Corresponding BRS Objective-OBJECTIVE A: Indiana BRS will increase the quantity and quality of job placements.

Priority 1. Increase the quality of employment outcomes for SE consumers.

Measure: The average wages for SE consumers who achieve competitive employment will be at

least 5% higher (\$.39/hour or \$.19/hour) than the previous year FFY2009 (\$7.80/hour).

Priority 2. SE consumers with the most significant disabilities will participate in Project SEARCH.

Measure: At least 80% of consumers participating in Project SEARCH will be consumers who are MSD and who qualify for long-term employment supports.

This screen was last updated on Aug 10 2010 11:30AM by Patrik Madaras

**Screen 15 of 17**

## **State Plan for the State Vocational Rehabilitation Services Program and State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

### **Attachment 4.11(d) State's Strategies**

This attachment should include required strategies and how the agency will use these strategies to achieve its goals and priorities, support innovation and expansion activities, and overcome any barriers to accessing the vocational rehabilitation and the supported employment programs. See sections 101(a)(15)(D) and (18)(B) of the Act and Section 427 of the General Education Provisions Act (GEPA.)

- Describe the methods to be used to expand and improve services to individuals with disabilities.
- Identify how a broad range of assistive technology services and assistive technology devices will be provided to individuals with disabilities at each stage of the rehabilitation process.
- Describe how assistive technology services and devices will be provided to individuals with disabilities on a statewide basis.
- Identify what outreach procedures will be used to identify and serve individuals with disabilities who are minorities, including those with the most significant disabilities.
- Identify what outreach procedures will be used to identify and serve individuals with disabilities who have been unserved or underserved by the VR program.
- Identify plans for establishing, developing, or improving community rehabilitation programs, if applicable.
- Describe strategies to improve the performance with respect to the evaluation standards and performance indicators.
- Describe strategies for assisting other components of the statewide workforce investment system in assisting individuals with disabilities.
- Describe how the agency's strategies will be used to:



- achieve the goals and priorities identified in Attachment 4.11(c)(1);
- support innovation and expansion activities; and
- overcome identified barriers relating to equitable access to and participation of individuals with disabilities in the state Vocational Rehabilitation Services Program and the state Supported Employment Services Program.

**STRATEGY A: Methods to Improve Services.** Indiana has undertaken multiple initiatives aimed at enhancing services and increasing employment opportunities for individuals with disabilities. Some of the initiatives are: Corporate Job Development, Project SEARCH, School to Work Transition, development of the Leadership Academy web-based training resource, enhancement of benefits counseling and work incentives planning for SSA recipients, collaboration with BDDS on seamless transfer to SEFA, focus on unserved or underserved populations, i.e. consumers with mental illness, deaf, blind, and TBI consumers. The strategies outlined below describe these initiatives in more detail; as well as Indiana's efforts with assistive technology services, outreach activities, collaboration with CRPs, the Indiana Department of Workforce Development (DWD) and other partners, and improvement of performance standards.

**NOTE:** As part of the RSA review of the Indiana BRS programs, specifically, in the area of ?Employment Outcomes?, it was recommended that ?1.3 - develop goals and strategies to identify and increase the quality and quantity of employment outcomes for individuals with most significant disabilities?. Though many of the strategies address the employment outcome, it is felt that the various methods to improve services address the focus of this particular RSA recommendation.

**STRATEGY B: Assistive Technology During Rehab Process.** Pursuant to the Indiana VRS Policy Manual, the counselor reviews each individual consumers' need for Assistive Technology (AT) devices and services at each stage of the rehabilitation process (i.e. eligibility determination, plan development and implementation, and placement). This is done through personal interviews with the consumer, observations, and professional AT assessments. Appropriate training is also provided as necessary, to ensure that consumers are able to independently utilize their adaptive equipment.

**STRATEGY C: Assistive Technology Statewide.** AT is a high priority area for both BRS and DDRS. BRS is currently subcontracting the federally mandated Assistive Technology Act Program through a contract with a statewide 501(c)(3) assistive technology program, Easter Seals Crossroads Rehabilitation Center. Contract deliverables include: coordination and collaboration with BRS on AT services, public awareness, transition, training and technical assistance, device demonstrations, device loan program, device reutilization program and state financing.

**STRATEGY D: Outreach to Minorities.** Indiana continues to place a priority on serving transition aged youth, minority populations, and SSA recipients. VR Counselors are assigned to work with Indiana high schools on encouraging students with disabilities to apply for services prior to exit from school. Counselors attend case conferences and take applications during the junior year. The goal is for students to have an IPE in place prior to exit from school. As the result of the Indiana investment in transition to work projects with local providers to enhance

relationships with schools, an increase has been seen in the number of students applying for services. Additionally, schools are better educated on BRS and other adult disability services. Indiana BRS is encouraged by the new Ticket to Work (TTW) regulations and is working toward strong collaboration with local Employment Networks (ENs) on the TTW Partnership Plus Model. Indiana is working with ENs to increase outreach efforts to encourage more ticket holders to participate in services. Additionally BRS continues strong collaboration with Indiana's Medicaid Infrastructure Grant (MIG), Work Incentives Planning and Assistance (WIPA) Programs, and the Benefits Information Network (BIN) to provide benefits counseling and work incentives planning to SSA recipients. Indiana's BIN continues to serve as a national model. Indiana currently has over 200 certified BIN Liaisons statewide. These Liaisons include staff from CRPs, MHCs, and Independent Living Centers. BIN Liaisons conduct in-depth benefits counseling and work incentives planning for beneficiaries and work closely with Indiana's Work Incentives Planning and Assistance Program (WIPA) to enhance benefits planning for consumers. The next stage of the BIN is to ensure sustainability after MIG funding ceases (2011). Dependent upon resource availability BRS will work with providers of employment services, through pilots, contracts, or other means to emphasize the use of the tickets.

NOTE: As part of the RSA review of the Indiana BRS programs, specifically, in the area of ?Transition Services?, it was recommended that Indiana ?2.1 analyze the decline in the number of referrals received from referral sources, transition-age youths served, transition-age youths who achieved employment outcomes, and the employment rate to determine the reasons underlying this decline in performance?, and ?2.5 develop goals and strategies to decrease the percentage of transition-age youths whose cases are closed without achieving employment and prior to receiving services.? Though many of the strategies address transition services, it is felt that the various methods to improve services address the focus of this particular RSA recommendation.

STRATEGY E: Outreach to Unserved/Underserved. BRS staff, whether located in the field or central office, make presentations to local community organizations that serve unserved or underserved populations such as school corporations. Staff also present and exhibit at conferences and workshops throughout the year. Also, Indiana has worked to strengthen the relationship with the Indiana Council on Independent Living (ICOIL), and will continue to work with them as well as the Independent Living Centers in the state to ID unserved/underserved people.

NOTE: To date, support for the ICOIL has been the responsibility of staff of the designated state unit. BRS has developed corrective actions as the result of various RSA findings during their visit 5/09. One area that was identified was ?ICOIL Independence?. Under the Innovation and Expansion Authority, initially utilizing VR ARRA funds, DDRS will contract (through a competitive request for proposal process) with an entity to support the operations of the ICOIL.

STRATEGY F: Community Rehabilitation Programs. BRS continues to maintain a strong partnership with the Indiana Institute on Disability and Community (IIDC) at Indiana University (IU) to enhance community based competitive employment opportunities for consumers. This contract supports the enhancement of CRPs in developing community based services focusing on results based outcomes, collaboration, statewide coordination of corporate job development,

technical assistance, which includes transition from school to work, and the expansion of Project SEARCH. Specific services include technical assistance, training, data collection, collaboration efforts, policy development and evaluation. Additionally, BRS continues to partner with the Division of Mental Health and Addictions to enhance employment services for individuals with mental illness. This initiative supports CMHCs in the provision of employment services for individuals with severe and persistent mental illness. Training, through the Leadership Academy as well as other sources, focus on various aspects of serving individuals with mental illness, Employment Support Specialist Training, and other trainings. In addition to the above, BRS is working collaboratively with the Association of Rehabilitation Facilities of Indiana in the provision of community based, integrated, competitive employment. It is also possible, based on resource availability, which a review/revision of the current results based funding system may result in funding, (i.e. utilizing one of the allowable authorities), that encourages better quality outcomes to the community rehabilitation programs.

Through Corporate Job Development efforts, BRS is providing training to CRP staff on developing business relationships, establishing a single point of contact approach, and other high level job development techniques. To date, over 200 staff have attended these teleconference trainings.

NOTE: As part of the RSA review of the Indiana BRS programs, specifically, in the area of ?Employment Outcomes?, it was recommended that ?1.1: Indiana develop measurable goals and strategies to improve the agency?s employment rate?; 1.4 ?develop strategies to increase wage levels for the disability populations served by the agency, explore relevant training and education to increase wages, and expand relationships with employers throughout the state?. Though many of the strategies address the employment outcome, it is felt that the Corporate Job Development initiative with the CRPs addresses the focus of this particular RSA recommendation.

STRATEGY G: Standards and Indicators. Historically, IN BRS performance has been low for Indicator 1.6, the percentage of successful rehabilitants whose earnings at closure are the primary source of support. One reason is strong BRS investment in Supported Employment although we can do better. Our goals and priorities are designed to enhance performance in the quantity and quality of job outcomes which are reflected in the performance indicators, i.e. 1.1 Agency must have more successful closures and 1.2 increase the rehabilitation rate. These include:

- Initiating corporate level job development to increase employment outcomes in terms of higher wages and hours.
- Expanding Project SEARCH to allow increased opportunity for transition aged youth to gain valuable work experience and training.
- Continuing to support the Indiana Business Enterprise/Randolph Sheppard Program under the Services to Groups Authority, in an effort to increase self-sufficiency for current vendors, and to train new vendors to become successful business operators.
- Continued collaboration with the MIG on educating consumers on the MedWorks (Buy In) program (Medicaid for individuals with disabilities who are working).
- Continuing to implement the TTW Partnership Plus Model and encouraging consumers to assign their tickets to ENs after closure.
- Continuing to partner with many other agencies to improve school to work transition activities for students exiting high school.

- Modifying performance expectations for VR Counselors and CRPs.

Investment in these initiatives as well as many others will continue through this year and will be ongoing.

STRATEGY H: Workforce Investment System. BRS continues to explore ways to strengthen our relationship with Indiana's Workforce Investment System. VR Counselors continue to have a presence in local WorkOne offices. Additionally, WorkOne staff serve on the BRS MIG Leadership Council, a group comprised of key stakeholders who guide activities of the MIG. WorkOne staff also collaborated with BRS and MIG staff on conducting a statewide Summit on Economic Development, Employment and Disability, which took place in November 2008 with approximately 200 participants.

Indiana BRS will continue enhancement of these efforts and others to increase the quality of employment outcomes and reduce systemic barriers to employment for Indiana citizens with disabilities.

STRATEGY I: BRS will implement each of the corrective action plans that were completed as the result of RSA findings during the 5/09 monitoring visit. The implementation of these CAPs will be in the areas of: Unallowable arbitrary limits on services established in policies; Financial and statistical reporting; Incentive payments to community rehabilitation programs; Unallowable subgrants; and, Non-delegable responsibilities of administration.

All of the strategies delineated above collectively support the three broad objectives and corresponding priorities of Indiana Vocational Rehabilitation Services (see attachment 4.11(c)(1)). For example, Project SEARCH and corporate job development initiatives are strategies that support Objective A. Our collaboration with BDDS as discussed in section 4.8(b)(1) and 4.8(b)(4) is a strategy that supports Objective B. Objective C, which strengthens our business practices, is supported through strategies such as the ticket to work initiatives.

Indiana's innovation and expansion activities are included in a number of the above strategies, including corporate job development and Project SEARCH, i.e. Strategy A. Another I & E activity is the Benefits Information Network (BIN) described in Strategy D. Strategies that Indiana is using to overcome identified barriers relating to equitable access to and participation of individuals with disabilities in the state Vocational Rehabilitation Services Program and the state Supported Employment Services Program include Strategy E, Outreach to Unserved/Underserved and Strategy F, Community Rehabilitation Programs, which includes working with people who have a severe and persistent mental illness.

This screen was last updated on Aug 10 2010 11:32AM by Patrik Madaras

**Screen 16 of 17**

**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

**Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011  
(submitted FY 2010)**

**Attachment 4.11(e)(2) Evaluation and Reports of Progress**

**Vocational Rehabilitation (VR) and Supported Employment (SE) Goals**

1. Clearly identify all VR program goals consistent with the goals described in the FY 2009 Attachment 4.11(c)(1), including an evaluation of the extent to which the VR program goals were achieved.

- Identify the strategies that contributed to the achievement of the goals.
- Provide a description of the factors that impeded the achievement of the goals and priorities.

From the FFY 2008 ATTACHMENT 4.11(c) (1): State's Goals and Priorities

**AGENCY GOAL: TO INCREASE THE NUMBER OF PEOPLE WITH DISABILITIES IN INTEGRATED, COMPETITIVE EMPLOYMENT**

**OBJECTIVE A:** Indiana VR will increase the quantity and quality of job placements.

Strategies: From the FFY 2008 State Plan, Attachment 4.11 the following strategies contributed to the achievement of these priorities. Improvement of CRPs and improvement of the standards and indicators.

**PRIORITIES:**

1. VR will develop and implement a Corporate Level Job Development initiative. This includes building a division wide "employment services steering committee" to "connect the pieces" of the many initiatives and workgroups with an employment focus. This will provide a focal point for communications, effectiveness and economy of resources. This includes partnering with the National Vocational Rehabilitation Business Network.

Measure: Initial implement of project search by 12-31-07

2009 Outcome: Achieved. Project SEARCH was implemented with 3 sites were fully implemented.

2. VR will work in partnership with State Medicaid Office for management of the Medicaid buy-in program to enhance employment opportunities for Vocational Rehabilitation clients who are Medicaid recipients. This is pending appeal by CMS for the State of Indiana grant request for 2nd generation MIG (Medicaid infrastructure grant).

Measure: Outcomes will be based on the goals developed for the grant application in progress.

2009 Outcome: Achieved. Indiana was awarded a MIG grant in 2009.

3. VR will continue with School to Work transition partnerships.

Measure: Increase number of referrals from schools by 10% over next 2 years.

2009 Outcome: Indiana will report on this at the end of the 2 year measurement period.(2010)

4. VR will continue to work closely with the Blind and Visually Impaired Services through the Randolph-Sheppard program to expand employment opportunities for both blind and non-blind VR clients.

Measure: Will create 50 additional jobs for VR clients in addition to blind vending operations.

2009 Outcome: Thirty-two people (in addition to vendors) obtained employment through the BEP program.

Factors that impeded achievement: The Indiana economy. The growth of new vending initiatives was slower than originally anticipated. BRS closed some vending sites because the economy reduced revenues and made these few sites no longer profitable.

5. VR will focus with the Ticket to Work legislation as an employment network in order to serve individuals who are receiving SSI/SSDI benefits, and to partner with other employment networks. Will also prioritize the TTW program to increase revenue from SSA reimbursement relationship.

Measure: VR will provide an Employment network Annual Periodic Outcome report to Maximus, which will include such information as: number of ticket holders served, number of ticket holders placed in jobs, number of placements by salary range by industry.

2009 Outcome: Achieved. Outcome report submitted to Maximus.

OBJECTIVE B: VR staff will operate a quality VR program which will include staff being hired per the Comprehensive System of Personnel Development (CSPD.) (Objective modified 2002)

Strategies: From the FFY 2008 State Plan, Attachment 4.11 the following strategies contributed to the achievement of these priorities. Improvement of CRPs, which included BRS training initiatives.

#### PRIORITIES:

1. See Attachment 4.11(b) ? Comprehensive System of Personnel Development.
2. Continue adherence to the RSA approved state plan (See Pre-Print).
3. VR will continue to obtain customer input on improving service delivery.
4. Staff will continue to be provided in-service training, as needed, and ongoing professional development that supports staff in the maintenance of (Certified Rehabilitation Counselor (CRC) accreditation.
5. The Leadership Academy will continue to be developed in order to provide quality on going training for staff and providers.
6. The existing CSPD system will be reviewed to determine how well it meets current staffing needs.

Measure(all of the above): Based on staff input and performance information the top 10 areas of training have been prioritized and are in development. First training sessions are planned for implementation beginning in June 2007. Sessions will be evaluated and the information available for review. Training is also being developed for online/in house training as needed or when appropriate. Goal is 8 final Orientation modules developed and 7 final beginning modules in 2007.

2009 Outcome: Achieved. The Leadership Academy was established in 2007 and now serves as the primary training venue for VR personnel.

OBJECTIVE C: VR customers will have a seamless and customer responsive delivery system.

Strategies: From the FFY 2008 State Plan, Attachment 4.11 the following strategies contributed to the achievement of these priorities. Workforce Investment System, Improvement of CRPs, and Assistive Technology.

**PRIORITIES:**

1. VR customers will have access to a continuously improved and streamlined system of services and partnerships with community services which will include One Stop Centers. This includes the development/maintenance of electronic linkages.

2009 Outcome: Not achieved.

Factors that impeded achievement: Confidentiality issues as well as funding issues to support the electronic linkages

2. VR will work with the Department of Education and local school systems to improve school to work transition programs for students with disabilities.

Measure: Thru continuing work with Senate Bill 290 and its requirements.

2009 Outcome: Achieved. BRS continues to play an active role on the committee, i.e. worked with the group on how to ensure transition services are seamless for the youth with a disability.

3. VR, in cooperation with the Bureau of Developmental Disabilities Services (BDDS), will establish a seamless service delivery system for customers transitioning from VR Services to Supported Employment Follow-along services.

Measure: will be able to provide new operation protocol by the end of the year.

2009 Outcome: Achieved. The Transfer to Supported Employment Follow Along form was fully implemented and corresponding training completed for VR and BDDS field staff.

4. VR will work closely with advocacy groups representing blind and visually impaired customers to improve the quality and quantity of implementation outcomes.

2009 Outcome: Achieved. BRS achieved increased visibility of the Blind Vending Program in 09, with expanded business operations including catering and laundry facilities, offering increased employment opportunities.

5. VR will implement real time deaf interpreter services via Video Remote Interpreting contract.

Measure: Video remote interpreting data lines and equipment will be implemented in the Vocational Rehabilitation offices by August 15, 2007.

2009 Outcome: Achieved. Offices had equipment and training was provided.

6. VR will continue collaboration with partners and stakeholders in the VR process to ensure front line, as well as administrative staff, support customers in obtaining employment, and are knowledgeable in those skills necessary for a successful employment outcome.

2009 Outcome: Ongoing, through the Leadership Academy as well as current business practices.

OBJECTIVE D: The VR program administration will function effectively and efficiently,

supporting all aspects of the VR program.

Strategies: From the FFY 2008 State Plan, Attachment 4.11 the following strategies contributed to the achievement of these priorities. Outreach and Assistive Technology.

#### PRIORITIES:

1. VR will continue the refinement of the automated case management system by evolving to a fully paperless system.

Measure: This will be addressed as an automation project. VR will track the project milestones and deliverables for the paperless system project progress.

2009 Outcome: Project milestone achieved. All closed case files were scanned and uploaded to the servers.

2. VR will ensure that staff has the tools to do their jobs. Includes resource allocation, caseload size examination, morale, etc.

2009 Outcome: In process. During 2009 the footprint of the offices were changed, some offices closed, relocated, etc. to support the virtual office initiative.

3. VR will implement the "financial participation procedure" for customers who are accessing VR services.

Measure: This will be addressed as an automation project. VR will track the project milestones and deliverables for the "financial participation procedure" project progress. After implementation, measures will be tracked of the actual client financial participation amounts.

2009 Outcome: Not achieved.

Factors that impeded achievement: BRS did not implement financial participation due to other recognized cost savings. This priority will be deleted.

4. VR will work to increase fiscal resources by maximizing reimbursement through SSA/VR, Ticket-to-Work, and relevant state and federal grants.

Measure: VR seeks to improve reimbursement levels by 15% from prior year. This will be measured based on actual traditional and milestone/outcome reimbursement amounts.

2009 Outcome: Achieved. 2009 Reimbursement was \$1,165,753, an increase of 50% over the prior year.

5. VR will continue to improve program and fiscal accountability through the use of IRIS, Policy and Procedure Manual, training, technical assistance, etc.

Measure: VR will track new policy/procedure implementations in the IRIS system, and the training sessions provided to staff.

2009 Outcome: Achieved. The Leadership Academy incorporated all of the policy and procedure changes.

6. VR will work with partner agencies (e.g., Medicaid, Department of Mental Health and Addiction, and BDDS) to share common data elements to enhance tracking and services to special populations.

Measure: This will be addressed as a series of automation projects. VR will track the project milestones and deliverables for the Medicaid (OMPP), DMHA, and BDDS data share projects



progress.

2009 Outcome: Not Achieved.

Factors that impeded achievement: BRS experienced challenges with the sharing of information across various agencies, this priority has been tabled.

7. VR, in cooperation with other partner agencies and programs, will implement home modification training program to improve quality of services to customers and to better support VR staff regarding provision of such services.

Measure: We will train and certify 30 new Evaluators by January 2008.

2009 Outcome: Achieved. BRS did train/certify 10 evaluators and they are spread throughout the state, assigned to particular counties. These evaluators are able to address the customer need. As additional evaluators are identified, BRS will add them to the approved list.

8. VR adopted National Mobility Equipment Dealers Association (NMEDA) and Quality Assurance Program (QAP) guidelines to replace current state standards for vehicle modifications. VR will maintain ongoing meetings with providers to enhance training and monitor the quality of this new program.

2009 Outcome: Achieved. VR conducted quarterly meetings with providers and continues to meet on a regular basis.

9. VR will require all driving instructors to be Certified Driver Rehabilitation Specialists (CDRS) or to be working towards such. This requires that they pass a test administered by the Association for Driver Rehabilitation Specialists. If an individual is working towards this certification, they must be supervised by an individual who has already received this certification.

2009 Outcome: Achieved. All driving instructors are Certified Driver Rehabilitation Specialists.

2. Identify all supported employment program goals consistent with the goals described in Attachment 4.11(c)(4), including an evaluation of the extent to which the supported employment program goals were achieved.

- Identify the strategies that contributed to the achievement of the goals.
- Provide a description of the factors that impeded the achievement of the goals and priorities.

The designated state unit will purchase supported employment services for individual customers with the funds received under section 622 of the Rehabilitation Act Amendments of 1998 based upon the plan previously submitted. The consumer will be able to access SE services through community rehabilitation programs (CRPs), including Community Mental Health Centers (CMHCs), across the state.

Corresponding VR Objective: OBJECTIVE A: Indiana VR will increase the quantity and quality of job placements.

Priority 1. Increase the quality of employment outcomes for SE consumers.

Strategy H: Workforce Investment System (See Attachment 4.11[D])

Measure: The average wages for SE consumers who achieve competitive employment will be at least 5% higher than the previous year.

Outcome: Hourly wages for SE consumers who achieved competitive employment in FY2008 were \$7.24. Hourly wages for SE consumers who achieved competitive employment in FY2009 were \$7.80. This is an increase of 7.7% percent.

Priority 2. SE consumers with the most significant disabilities will participate in Project SEARCH.

Measure: At least 80% of consumers participating in Project SEARCH will be consumers who are most significantly disabled (MSD) and who qualify for long-term employment supports.

Outcome: 94 interns have started the program. 91 have been MSD for a percentage of 97%. 43, or, 47% of the interns were on SSI/SSDI benefits

3. Provide an Assessment of the performance of the VR program on the standards and indicators for FY 2009.

Priority #1: Employment outcomes

Performance Indicator 1.1. Total persons with employment (rehabilitation) outcomes (target: increase over previous year).

FY 2006 ? 5,616

FY 2007 ? 5,046

FY 2008 ? 4,392

FY 2009 ? 4,020

Standard: Equal or exceed previous performance period.

Indiana Performance on Indicator 1.1: Below Standard

Performance Indicator 1.2. Percent of persons achieving an employment outcome.

FY 2006 ? 59.2%

FY 2007 ? 58.2%

FY 2008 - 51.8%

FY 2009 - 48.2%

Standard: 55.8%.

#### Indiana Performance on Indicator 1.2: Below Standard

Performance Indicator 1.3. Percent of persons achieving competitive employment?an outcome at or above the minimum wage.

FY 2006 ? 95.9%  
FY 2007 ? 96.6%  
FY 2008 ? 96.8%  
FY 2009 ? 94.7%

Standard: 72.6%.

#### Indiana Performance on Indicator 1.3: Above Standard

Performance Indicator 1.4. Percent of persons in competitive employment with significant disabilities.

FY 2006 ? 67.7%  
FY 2007 ? 76.9%  
FY 2008 ? 79.2%  
FY 2009 - 74.5%

Standard: 62.4%.

#### Indiana Performance on Indicator 1.4: Above Standard

Performance Indicator 1.5. Average hourly earnings of persons in competitive employment, divided by the State, all workers, and average hourly earnings.

FY 2006 ? 0.68  
FY 2007 ? 0.61  
FY 2008 ? 0.56  
FY 2009 ? 0.60

Standard: 0.52 (Ratio).

#### Indiana Performance on Indicator 1.5: Above Standard

Performance Indicator 1.6. Application to closure change in percent of persons in competitive employment with own income as primary source of support.

FY 2006 ? 33.9  
FY 2007 ? 40.2  
FY 2008 ? 39.7  
FY 2009 ? 37.9

Standard: 53.0 (mathematical difference).

#### Indiana Performance on Indicator 1.6: Below Standard

Priority #2: Equal access to services

Performance Indicator 2.1. Service rate for minorities divided by service rate for non-minorities.

FY 2006 ? 0.86

FY 2007 ? 0.85

FY 2008 ? 0.83

FY 2009 - 0.82

Standard: 0.80 (Ratio).

Indiana Performance on Indicator 2.1: Above Standard

Summary of Indiana Performance on Indicators:

Indiana's performance equaled or exceeded standard on three of the six employment outcome indicators, however Indiana's performance failed to meet standards on indicators 1.1, 1.2, 1.6 resulting in Indiana's participation in a performance improvement plan.

4. Provide a report on how the funds reserved for innovation and expansion (I&E) activities were utilized in FY 2009.

Indiana used its I & E funds to reimburse members of the State Rehabilitation Council for reasonable and necessary expenses associated with attending council meetings and performing Council duties. This included travel and lodging expenses to attend council meetings and related conferences as well as for assistance on the development of the State Plan. Indiana also provided reimbursement for lost wages and sign language interpreters when applicable. Additionally, I&E funds were used for similar expenses on behalf of members of the Indiana Council on Independent Living (ICOIL) in support of their activities. For at least one ICOIL member, this also included expenditures for personal assistance services.

Additionally, Indiana funded two transition programs with I & E funds in FY09. BRS funded a "Medical Career Academy" project in partnership with a VR provider, at a Ft. Wayne hospital that offered work experience opportunities for students with significant disabilities and a school to work transition project.

This screen was last updated on Aug 18 2010 3:02PM by Nancy Zemaitis

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**State Plan for the State Vocational Rehabilitation Services Program  
and  
State Plan Supplement for the State Supported Employment Services Program**

## **Indiana Division of Disability and Rehabilitative Services State Plan for Fiscal Year 2011 (submitted FY 2010)**

### **Attachment 6.3 Quality, Scope, and Extent of Supported Employment Services**

- Describe quality, scope, and extent of supported employment services to be provided to individuals with the most significant disabilities
- Describe the timing of the transition to extended services

Consumers obtain Supported Employment (SE) services through many Community Rehabilitation Programs across the state, based on the following:

A. Certification of Accreditation of Rehabilitation Facilities (CARF) principles (though the provider may be certified by CARF or another accrediting body, including: the Council on Quality and Leadership in Supports for People with Disabilities, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Commission on Quality Assurance, or another independent national accreditation organization approved by the Secretary of the Indiana Family and Social Services Administration (FSSA)).

1. The organization promotes the basic human rights, dignity, health, and safety of the persons served;
2. The organization demonstrates that the persons served are involved in individual planning, decision making, and implementation of the services they will receive;
3. The organization provides services that are designed to enhance the independence, self-sufficiency, and productivity of the persons served; and,
4. Based on the informed choice of the persons served, the organization, using a team approach, provides coordinated, individualized, and goal oriented services leading to the desired outcome.

B. The scope of SE services will include:

1. Preparation for employment, job development and placement services.
  2. Gathering information regarding the persons referred.
  3. Analyzing the information to determine opportunities for employment in the labor market geographically accessible to them.
  4. Providing counseling or training to obtain and maintain the desired employment.
  5. Identifying and/or developing job opportunities.
  6. Providing on-site job analysis, consultation, and re-recommendations for worksite and job modifications when appropriate.
  7. Maintaining an organized system of recording job openings and contacts.
  8. Providing feedback to persons seeking employment.
- C. Follow-along resources (extended services) will be identified as early as possible with the VR counselor and provider staff working together to secure necessary resources. VR counselors are facilitating a seamless transition to follow along services prior to VR case closure.

It was the intent, as rates were developed for the provision of SE services, to provide reimbursement for professional staff at CRPs in order to provide quality services. CRPs are reimbursed on a Results Based Funding (RBF) system based on a two tiered approach. Tier 1 is for consumers in need of ongoing support and tier 2 is for consumers who are not in need of ongoing support.

The reimbursement milestones for tier 1 are:

1. Assessment and Individual Plan for Employment Supports
2. 5th Day on job
3. 30 Day on job
4. Stabilization on job and Eligible for Closure

The reimbursement milestones for tier 2 are:

1. Assessment and Individual Plan for Employment Supports
2. 5th Day
3. 30th Day
4. Eligible for Closure

As previously noted, Indiana BRS utilizes both Title VI and Title I dollars to serve SE consumers, and as a result are able to provide SE services to a high number of consumers. In FFY 09, 964 SE consumers achieved successful employment.

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